**Leicestershire Cares referral form**

**Date of referral:**

**Participant details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **DOB:** |  | **Age:** |  |
| **Gender:** | Female  Male  Other  Rather Not Say | | |
| **Address:** |  | | |
| **Based in:** | Leicester city  Leicestershire  Rutland | | |
| **Email:** |  | | |
| **Phone:** |  | | |
| **NI Number:** |  | | |

**Referrer’s details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Email:** |  |
| **Phone:** |  |

**Participant’s situation**

**Employment status:**

Employed

In education or training

NEET or unemployed

Not looking for work

**Are they claiming any benefits?** Yes/No (delete as appropriate)

If yes, which benefits are they claiming? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current living situation** (tick all that apply):

Living alone

Living with partner

Living with children

Living with parents/carers

Living in temporary accommodation

Homeless

Rough Sleeping

Sofa surfing

Other (please give brief details):

**Is the participant known to** (tick all that apply):

be care experienced

have parenting or caring responsibilities

be involved in offending

be affected by exploitation

to be persistently absent or excluded from school/college

have any drug or alcohol issues

If yes to any of the above, please give brief details below:

**Participant’s health needs and special requirements**

**Does the participant have any of the following?**

Physical health needs

Mental health needs

Learning difficulties or disabilities

Allergies we need to be aware of

Access requirements we need to be aware of (e.g. for a disability)

Requirements related to religion, disability, age, gender or sexuality that we need to be aware of

If yes to any of the above, please give brief details below:

**Support needs**

**What would your participant like support with?**

Benefits and finance

Finding work

Getting into education/training

Housing

Life skills

Meeting new people/making friends

Mental and emotional health

Relationships

Voice/advocacy support and activities

**Other professionals**

**Please give the details of any other key workers supporting the participant** (e.g. social worker, 16+ worker, probation officer).

**Emergency Contact Information**

**Name**

**Contact Details**

**Declarations**

**Referrer:**

I confirm that I have consent from the participant to share their information with Leicestershire Cares.

I confirm that the participant agrees to be contacted by a member of Leicestershire Cares staff.

**Signed:**

**Date:**

**Participant (if possible):**

I confirm that this information is accurate.

I agree that this information can be shared with Leicestershire Cares.

I understand that this information will be stored securely by Leicestershire Cares for up to three years, before being destroyed in line with GDPR.

I give permission for Leicestershire Cares to contact me or other agencies to get further information to assess my suitability for their projects.

**Signed:**

**Date:**

**Thank you for the referral. Please return it to**

**Aidan Croughwell-Burton**

**Aidan@leicestershirecares.co.uk**

**M: 07748932386**

A picture containing text, businesscard, clipart

Description automatically generated**Equalities monitoring form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| DOB: |  | Age: |  |
| Gender: | Female  Male  Other  Rather Not Say | | |
| Ethnicity: |  | | |

Asian/Asian British:

Black/Black British

Mixed

White British

White other

Arab

Other

Rather Not Say

Do you identify with the gender you were assigned at birth?   
 Yes            No       Rather Not Say

Do you consider yourself to have a disability?

Yes – Physical Disability

Yes – Learning Disability

Yes – Multiple Disabilities

Yes – Sensory Impairment

Yes – Mental Health Issues

No Disability

Rather Not Say

How would you describe your religion or beliefs?   
 Buddhist

 Christian

 Hindu

 Jewish

 Muslim

 Sikh

 Other (Please state)

 No Religion or Belief

Rather Not Say   
 

How would you describe your sexual orientation?   
 Heterosexual / Straight

 Gay   
 Lesbian

 Bisexual   
 Other (Please state)

 Rather Not Say