



Women's Support Centre (Surrey) - Referral Form
 Please send completed referral forms to working.referrals@wip.cjsm.net

REFERRAL MADE BY Name:					Date:	
Address/Agency						
Telephone numbers						
Profession / Relationship:						
Have you discussed & obtained an agreement for this referral?					Yes	No
If self-referred, how did you hear about us?						
Probation	Transforming Women's Justice	Family Support	Social Worker	Drug & Alcohol Service	Other (Please specify)	

REFERRAL & INFORMATION:			
Name: Known as:			
Tel:			
Email:			
Home Address:			
Prison and NOMIS no.:			
Date of birth:	Ethnicity	Language	
Do they have or consider themselves to have a disability?		Yes	No
Please give details of support needed with any disability/difficulty			
<i>Preferred first language, sensory impairment, speech and language difficulties, language used/interpreter needed etc.</i>			

REASONS FOR REFERRAL:			
<i>Please tick all that apply</i>			
Accommodation	<input type="checkbox"/>	Rape and sexual abuse	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Other please state	<input type="checkbox"/>
Finance, benefits & debts	<input type="checkbox"/>		<input type="checkbox"/>
Experience of Abuse	<input type="checkbox"/>		<input type="checkbox"/>
Offending behavior	<input type="checkbox"/>		<input type="checkbox"/>
Education/Training/Employment	<input type="checkbox"/>		<input type="checkbox"/>
Sex Work	<input type="checkbox"/>		<input type="checkbox"/>
Family/Children (<i>inc. local authority involvement with children</i>)	<input type="checkbox"/>		<input type="checkbox"/>
Social isolation	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
OTHER SUPPORT IN PLACE			
<i>Include support from family, friends, carers or specialist services, support workers etc.</i>			
ANY KNOWN HAZARDS TO LONE WORKERS?			
			Yes No
Known risks information			
ESSENTIAL BACKGROUND INFORMATION:			
<i>Nature of offenses, mental health support needs, history of violent behavior, & any other information that will help us to work productively with the client</i>			
SUBSTANCE USE DETAILS			
Substances client reports to be using:			
Prescribed:			
Frequency of use:			
Route of administration:			
Alcohol, units per day:			