**PEOPLE ARISE NOW (PAN) REFERRAL FORM**

**Restoring, Supporting & Stabilising Ex-offenders and their family members**

|  |  |  |
| --- | --- | --- |
| **REFERER DETAILS:**    **Name of organisation: …………………………………………………………………………**  **Address: ……………………………………………………………………………………………..**  **Telephone: …………………………………………..**  **Email: …………………………………………………..**  **Name: ………………………………………………….** | | |
| **BENEFICIARY DETAILS: Ex-offender**  **Family Member**   |  |  |  | | --- | --- | --- | | **First name: ……………………………………** | | **Last name: …………………………….** | | **Address: ……………………………………………………....................................................................................** | | | |  | | | | **DOB: ………………………………………………** | **Gender: …………………………………** | | | **Tel No: ……………………………………………** | **Mobile No: …………………………….** | | | **Language Needs: …………………………….** | **Disability: ………………………………** | | | | |
| **Ethnicity**  **Please tick** | **White**  **Mixed**  **Asian/Asian British Black/Black British**  **Other** | British 🞎 Irish 🞎 Other 🞎  White & Black Caribbean 🞎 White & Black African 🞎 White & Asian 🞎 Other 🞎  Indian 🞎 Pakistani 🞎 Bangladeshi 🞎 Kashmiri 🞎 Chinese 🞎 Other 🞎  Caribbean 🞎 African 🞎 Other 🞎  Other Ethnic Group 🞎 Gypsy/Traveller 🞎 |
| **Reason for referral (please attach further details or assessment records here) (Use extra page if required)** | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Has the person given permission to discuss with Carer?** | **Yes** |  | **No** |  | **Not asked** |  | **(please tick)** | | **Carers details: ………………………………………………………………………….** | | | | | | | | | **………………………………………………………………………….** | | | | | | | | | | |
| **RISK FACTORS Yes No Comments**   |  |  |  |  | | --- | --- | --- | --- | | **Suicidal** |  |  | **…………………………….....................** | | **Self-harm** |  |  | **…………………………………………………** | | **Harm to others** |  |  | **…………………………………………………** | | **Low Mood** |  |  | **…………………………………………………** | | | |
| |  |  | | --- | --- | | **Print name: …………………………………………. ……………………………………………………………..** |  | | **Signature: …………………………………………….** | **Date: ……………………………………….** | | | |