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

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

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| **REFERER DETAILS:****Name of organisation: …………………………………………………………………………****Address: ……………………………………………………………………………………………..****Telephone: …………………………………………..****Email: …………………………………………………..****Name: ………………………………………………….** |
| **BENEFICIARY DETAILS: Ex-offender** [ ]  **Family Member** [ ]

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| --- | --- |
| **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)** |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Has the person given permission to discuss with Carer?** | **Yes** | [ ]  | **No** | [ ]  | **Not asked** | [ ]  | **(please tick)** |
| **Carers details: ………………………………………………………………………….** |
|  **………………………………………………………………………….** |

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| **RISK FACTORS Yes No Comments**

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| --- | --- | --- | --- |
| **Suicidal** | [ ]  | [ ]  |  **…………………………….....................** |
| **Self-harm** | [ ]  | [ ]  |  **…………………………………………………** |
| **Harm to others**  | [ ]  | [ ]  |  **…………………………………………………** |
| **Low Mood** | [ ]  | [ ]  |  **…………………………………………………** |

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| **Print name: …………………………………………. ……………………………………………………………..** |  |
| **Signature: …………………………………………….** | **Date: ……………………………………….** |

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