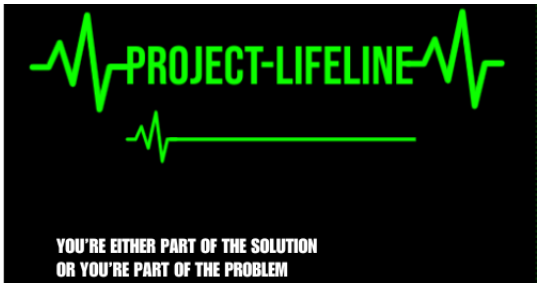
Project Lifeline

WE ARE PART OF THE SOLUTION



Referral Form

CONFIDENTIAL

Consent			
Please ensure that you have obtained consent from the client for this referral before submitting it to the Project Lifeline Exploitation & Gang Exit Team.			
Service Users Details			
First Name(s):	Surname:	Tag:	
DOB:	Age:	Male ☐	Female ☐
Address:			
Post Code:	Home Telephone Number:	Mobile Number:	
Has the person being referred agreed to this referral?		Yes ☐	No ☐
Educational/Economical Status			
University ☐	Sixth Form ☐	College ☐	
NEET ☐	Training ☐	Apprenticeship ☐	
Unemployed ☐	Full-time Employment ☐	Part-time Employment ☐	
Unknown ☐			
Details of education/employment:			
Is the service user currently Homeless?	Y/N		
Has the client had experience of the following (please tick one):			
Criminal Justice System ☐	Care System ☐	Unknown ☐	Neither ☐
Communication Needs Information/First Language?			

Legal Status/Immigration Status Information

Referral Details
Reason for referral (tick all that apply)
Already involved in a gang ☐ Comment e.g. which gang(s)?
Risk of involvement in a gang ☐ Comment e.g. what is the risk?
At risk of harm from gang/gang member ☐ Comment e.g. what is the risk? Which gang(s)?
Family Relationship with a member of a gang? ☐ Comment e.g. who? Which gang?
Please give reasons why you think this person would benefit from a referral to the Project Lifeline Gang Exit Team:
It is important to provide as much detail as possible including any experiences you have had with the person you are referring, their family/custodial period etc: **PLEASE INCLUDE INFORMATION ON:** **Behaviour**
Substance Misuse
Support needs e.g. language, learning difficulties

Legal / Immigration Status Contact details for agencies dealing with/involved with any relevant legal support
Previous convictions (if known) Comment e.g. frequency of offending? Types of offences?
Previous offending Comment e.g. frequency of offending? Types of offences?
Strengths- things the young person does well
Relationships that are supportive
Hobbies and interests
Aspirations

Family information		
What are the family's strengths?		
Describe the young person's relationship with their family?		
Has the person experienced harm within the family context?	Yes ☐	No ☐
Are there any other family members who could benefit from support?	Yes ☐	No ☐
Peers		
What strengths or protective factors are present in the young person's peer group?		
Has the person experienced harm within a peer context?	Yes ☐	No ☐
Are there any other young people who could benefit from support?	Yes ☐	No ☐
Community and neighbourhood		
Provide details on the young person's interactions and experience within their community and neighbourhood		
Please share details of any places or space of concern; such as places the young person spends time, avoids or where they have experienced harm		
Are there any spaces or places of concern that might benefit from support?	Yes ☐	No ☐

Person and Risk Looking at the examples, please put as much information as you can in each box and if you feel confident, tick the risk rating you think matches the person's situation.			
Person's risk to others: e.g. gang rivalries/feuds; danger to staff; aggressive behaviour; danger to family/friends; makes threats; carries weapons; sexist remarks; bullying behaviour, ASB	Low ☐	Medium ☐	High ☐
Person's risk to self: e.g. poor self-esteem; mental health issues; experiences of trauma; suicidal thoughts; places themselves in harmful situations; strong presence on social media; isolated; substance misuse issues; poor educational achievement; unexplained phone or money	Low ☐	Medium ☐	High ☐
	Low ☐	Medium ☐	High ☐

Person's risk from others: e.g. gang rivals/feuds; periods of going missing; gang or criminally active family; owes money; gang presence in community; sexual exploitation; victim of crime	

Equal Opportunities Monitoring

Confidential once complete – Please detach from referral form.

Sexuality (please tick one)
Unknown ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Prefer not to answer ☐
Status of Client (if applicable)
Asylum Seeker ☐ Refugee ☐ Traveller ☐ Parent ☐
Ethnicity of the client (if known)
White British ☐ Irish ☐ Other White background ☐ **Mixed** White / Black Caribbean ☐ White and Black African ☐

White and Asian ☐
Other Mixed background ☐

Black or Black British
Caribbean ☐
African ☐
Other Black background ☐

Asian or Asian British
Indian ☐
Pakistani ☐
Bangladeshi ☐
Other Asian background ☐

Chinese ☐

Other ☐
Please state……..

Unknown ☐
Prefer not to answer ☐

Does the client consider themselves to have a disability?

Specific learning disability ☐
Blind or partially sighted ☐
Deaf or hearing impairment ☐
Wheelchair user/mobility difficulties ☐
Autistic spectrum disorder ☐
Mental health difficulties ☐
Unseen disability, e.g. diabetes, epilepsy ☐
Other ☐
Prefer not to say ☐
No ☐
Unknown ☐

Further details about the disability/mental health issue/general health:

Are there any other services/agencies working with the service user, if so please add contact details:

Details of agencies involved with the Service User / Family

Organisation	Worker	Contact No.

If there is anything else, you would like to tell us about that is not covered elsewhere please let us know below:		

Referrer Contact Details	
First Name:	Surname:
Relationship to young person	
Address:	
Establishment:	
Post Code:	Contact Number:
Email Address:	

Please sign below to confirm that you have the authority to make this referral and that the information entered is accurate to the best of your knowledge.

Signature _____ Date __ _____

How did you hear about Project Lifeline

Please provide any additional documents that may support this referral and send to: info@projectlifeline.org.uk (secure email where possible)