

Safer Living Foundation

The Corbett Centre: Service User referral form

To enable us to assess the suitability of the proposed service user, please complete this form as fully as possible and return to: david.potter@ntu.ac.uk

Please treat this document as **‘Official – Sensitive’**

Please mark any emails **‘Official – Sensitive’** when returning the referral.

Proposed Service User

 Self-Referral / Mental Healthcare Referral

|  |  |
| --- | --- |
| Your name |  |
| Date of Birth |  |
| Gender (optional) |  |
| Religion (optional) |  |

|  |  |
| --- | --- |
| Date of ReferralYour AddressTelephoneE-mailDate of Release from Prison (if applicable) |  |

|  |  |
| --- | --- |
| Please name a referee whom we can contact to confirm your details. This can be agency staff eg: police, health care professional or mental health team’s staff.Their relation to you.Their AddressTelephoneE-mail |  |

|  |  |
| --- | --- |
| Do you give permission for your records to be accessed for the purpose of assessing your suitability to attend the Corbett Centre? Including but not limited to: * Psychology Reports.
* Risk Assessment Information.
* Probation Reports and License Conditions.

1. Your personal data will be stored securely and accessed only by SLF staff2. It will be used to assess your suitability for attendance at the CC and ongoing risk management3. Your data will be held consistent with the requirements of the GDPR.  Do you give permission for Centre staff to contact you by telephone?Please sign and date to indicate consent for Corbett Centre staff to have access to this information.If you are unwilling to allow us access to this information, we will be unable to offer you a place at the Corbett Centre. | YES NO YES NOSign:Date: |
| Have you ever harmed or been abusive to any staff or volunteers who may have supported you in the past? |  |
| Are there any specific individuals (excluding victims) that you are prohibited from having contact with?  |  |

Your Referral Status

|  |  |  |
| --- | --- | --- |
| Please let us know if any of the following apply to you. | Yes /No | Details (E.g., start & end date, conditions etc.) |
| Remand |  |  |
| On Bail |  |  |
| On License |  |  |
| Arrested – awaiting charge |  |  |
| Charged – awaiting sentencing |  |  |
| Community Rehabilitation Order |  |  |
| Sexual Harm Prevention Order |  |  |
| Sex Offender Registration |  |  |
| Are you subject to MAPPA (if yes please specify level)  |  |  |

Your Conviction History

|  |  |
| --- | --- |
| Please give details of any current / previous convictions for a sexual offence.(Please include dates, offence, court, and sentence)If none – write None. |  |
| Any other convictions?If none – write None. |  |

Your Personal Circumstances

|  |  |
| --- | --- |
| Do you have any requirements regarding reading / writing or learning? |  |
| Do you have any mental health issues that you think we should know about?  |  |
| Do you have any problems with substance misuse? |  |
| Do you have any disabilities or mobility issues?  |  |
| Do you have any self-harm or suicidal tendencies? |  |
| Why do you think you would like to attend the Centre? What specific things do you require support and help with? |  |
| Is there anything else you think we need to know about you in order to better support you? |  |

Agencies who may be working with / supporting you.

Please give a contact name, address, telephone number and e-mail if applicable. We may contact any of the agencies you list in order to help us make an informed decision about how we may best support you.

|  |  |
| --- | --- |
| Offender Manager |  |
| MOSOVO Officer |  |
| MAPPA Contact |  |
| Social Care / Health care Professional |  |
| Any Other Support (Family – friends etc…) |  |

Thank You: Please return to: david.potter@ntu.ac.uk