**Self-Referral form**

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| **Referrer details** | | | |
| Worker completing self-referral |  | Today’s date: |  |

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| **Details of person being referred** | | | |
| Name: |  | D.O.B: |  |
| Email: |  | Phone: |  |
| Support required for engagement (Interpreter, language, literacy, etc): |  | Address: |  |
| Gender: |  | Sexuality: |  |
| Ethnicity: |  | Religion: |  |
| Has there recently been or is there going to be a separation? |  | Previous DV convictions, callouts, arrests |  |
| Relationship status: |  | | |
| Disabilities  MH Concerns  Substance Misuse |  | | |
| Is the client currently engaging in any other behaviour change work or treatment such as counselling, substance misuse treatment, psychiatric treatment, etc? |  | | |

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| **Partner or ex-partner of person being referred** | | | |
| Name: |  | D.O.B: |  |
| Email: |  | Gender |  |
| Religion |  | Sexuality: |  |
| Ethnicity: |  | Aware the referral has been made? |  |
| Address: |  | Support required for engagement  (Interpreter, language, literacy, etc.) |  |
| Disability/MH Concerns/  Substance misuse |  | | |

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| **Referral details** |
| What has led to this referral? |
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| How did client hear about The Jenkins Centre? |
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| **Child(ren)’s details** | | | | |
| First name | Surname | D.O.B. | Sex | Living and contact arrangements |
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| Is there, or has there been, disagreement about these contact arrangements:  Yes  No  Is there in an intention to make an application or is there an application in progress for contact through the family courts?  Yes  No | | | | |