**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: |  |
| DisabilitiesMH ConcernsSubstance 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 [ ]  |