

**Referral form and risk assessment**

Submit the completed form via one of the following options: -

Email (preferred) – contact@leedsgate.co.uk

Post – 169 Crossgreen Ln, Leeds, Ls9 0BD

1. **ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF REFERRAL** | Click or tap here to enter text. | **NAME (required)** | Click or tap here to enter text. |
| **CONTACT NUMBER (required)** | Click or tap here to enter text. | **EMAIL (required)** | Click or tap here to enter text. |
| **AGENCY** | Click or tap here to enter text. | **ROLE** | Click or tap here to enter text. |

**Please select the service you wish to refer into:**

Advocacy [ ]  Criminal Justice [ ]  Hate Crime [ ]  Mental Health [ ]  Women’s Well-being (Domestic violence)[ ]  Youth [ ]  Other [ ]

**Please select the area the individual is primarily based:**

Bradford [ ]  Calderdale [ ]  Kirklees [ ]  Leeds [ ]  Wakefield [ ]

**Consent to sharing information**

Referrals to Leeds Gypsy and Traveller Exchange (Leeds GATE) should be made with the knowledge and agreement of the family members being referred. The exception to this is when seeking consent to share information would put a child, young person or others at risk of significant harm, or if it would undermine the prevention, detection or prosecution of a serious crime.

They need to know what information has been shared and stored by Leeds GATE. They must also be aware that Leeds GATE may need to share information with, and to seek information from other agencies to help them decide if additional services are needed such as schools, health visitors, doctors, police or housing.

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| **Give details of consent obtained** | Click or tap here to enter text. |

1. **DETAILS OF PERSON BEING REFERRED**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (required)** | Click or tap here to enter text. | **CONTACT NUMBER (required)** | Click or tap here to enter text. |
| **ADDRESS** | Click or tap here to enter text. |
| **ACCOMMODATION STATUS** | Housed [ ]  | LA site [ ]  | Private site [ ]  | Roadside [ ]  | Other [ ]  |
| **ETHNICITY** | Choose an item. | **GENDER** | Choose an item. | **LITERACY LEVEL** | Choose an item. |

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| **REASON FOR REFFERAL** | Click or tap here to enter text. |

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| **IDENTIFIED SUPPORT NEEDS** | Click or tap here to enter text. |

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| --- | --- |
| **DETAILS OF RELEVANT MEDICAL, DISABILITY OR MENTAL HEALTH ISSUES** | Click or tap here to enter text. |

1. **RISK ASSESSMENT**

Leeds GATE continually assesses risks to its members and staff to ensure a safe and healthy environment for all.

Our activities include youth work, family activities and women only sessions, and take place in a variety of settings including our community centre, Gypsy and Traveller sites, and visits to the homes of our members.

We ask you to share any information that may be relevant so that we can carry out any necessary risk assessment, in particular information about aggressive or violent behaviour towards the public, staff and and/or intentional damage to premises or vehicles. All personal information is stored and processed securely in line with our Data Protection Policy.

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|  | Please provide details:Click or tap here to enter text. |

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| **IS THIS PERSON SAFE TO LONE WORK WITH?** YES [ ]  NO [ ]  | If no, please provide details:Click or tap here to enter text. |

**OFFICE USE ONLY**

|  |  |
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| **REFERRAL ACCEPTED** YES [ ]  NO [ ]  | If not please provide reasons belowClick or tap here to enter text. |
| **AGREED ACTIONS BETWEEN REFERRER AND LEEDS GATE** | Click or tap here to enter text. |
| **NAME OF PERSON ACCEPTING THE REFERRAL** | Click or tap here to enter text. | **DATE** | Click or tap here to enter text. |