

REFERRAL AGENCY

Tel.No.

Client name:	Referred by:	Date:
Agency name:	Job title:	
Agency address:	To the best of my knowledge the information contained in this form is correct.	
Post Code:	Signed:	Date:

PROBATION

Tel. No:

Address:	Post Code:
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CLIENT DETAILS

Date of birth:	NI No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital status: (M / S /D / separated / partner)	Driving status:
If any children, please give age and gender of each:	age: m/f <input type="radio"/> age: m/f
age: m/f <input type="radio"/> age: m/f	age: m/f <input type="radio"/> None
Home address:	
Tel. No:	Post Code:

DRUG HISTORY

Age when <i>first</i> used:	Current usage (if any):
What substances have been used:	
If none, date de-tox was completed:	Current primary alcohol/cannabis abuse: <input type="text"/> Y <input type="text"/> N <input type="text"/>
	De-tox supervising agent:

OTHER HISTORY

Psychiatric history: <input type="text"/> Y <input type="text"/> N <input type="text"/>	State any offences against children	<input type="text"/> Y <input type="text"/> N <input type="text"/>
If 'Yes', date of latest report: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date(s) (if 'Yes'):	
Charges outstanding: <input type="text"/> Y <input type="text"/> N <input type="text"/>	History of violence:	<input type="text"/> Y <input type="text"/> N <input type="text"/>
Fines outstanding: <input type="text"/> Y <input type="text"/> N <input type="text"/>	Date(s):	
	Conviction for Arson	<input type="text"/> Y <input type="text"/> N <input type="text"/>
Pre-sentence report <input type="checkbox"/>	Probation <input type="checkbox"/>	Parole <input type="checkbox"/>
		Licence <input type="checkbox"/>
Please tick the appropriate box and include, <i>with your client's permission</i> , a copy of the report with this referral form.		
Drug Treatment Testing Order: <input type="text"/> Y <input type="text"/> N <input type="text"/>	Tagging:	<input type="text"/> Y <input type="text"/> N <input type="text"/>

CLIENT'S NEEDS

A written copy is requested of the Referral Agency's assessed needs of the prospective client for submission and discussion at interview. Please attach to this referral form upon submission. NB. No interview date can be arranged until we receive a copy of the assessed needs.

We aim to provide an interview date within 10 working days of receiving the referral form. The client will be informed of his suitability at the interview. However, if additional information is deemed necessary, the client will be informed within 5 working days of that information being received at Willowdene Farm. After assessment, if the client is suitable for rehabilitation, he will be given the date of the next planned bed.

For Willowdene Farm use only

We are committed to equality of opportunity. To help us monitor this, please X the box which *best* describes the client

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other white background <input type="checkbox"/>
Asian/Asian British:	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistan <input type="checkbox"/>
Black/Black British:	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other black background <input type="checkbox"/>
Mixed:	White/Asian <input type="checkbox"/>	White/Black African <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Any other <input type="checkbox"/>	Not known/not provided <input type="checkbox"/>