|  |  |
| --- | --- |
| **Client Name:****Gender:****DOB:****Contact Number:** | **Postal Address:****Email Address:** |
| **Name of Agency:** **Name of Worker:****Contact Number:** | **Referral Date:****Email Address:** |

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| --- |
| **Brief explanation of treatment history:** *(Please include information on time in treatment, substitute prescribing, illicit use, alcohol use, motivation and any other relevant information to aid this referral)* |
| **Risk Assessment:***(Where necessary, please give a brief outline of any possible safeguarding risks or other concerns)* |
| **Areas of interest:** *(Please tick as appropriate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Volunteering (SUIT)  |  | Housing |  | Training  |  |
| Volunteering  |  | Advocacy |  | Debt |  |
| Activities  |  | Employment |  | Benefits |  |
| Group Work  |  | Education  |  | Other |  |

Other (Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Declaration of consent:** *(Please tick if appropriate)*

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| I have given consent to this referral being made to access support provided by SUIT |  |

 **Signature:** (Staff) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** (Client) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please send completed referral form to** SUIT@wolverhamptonvsc.org.uk