



FINE LINES PROJECT REFERRAL FORM

<p>Office use only</p> <p>Date referral received.....</p> <p>Outcome of referral.....</p>
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This form must be completed for all referrals and sent to
Tracey Hanson
Tracey.Hanson@thejoshhansontrust.org

CONSENT

DATA PROTECTION STATEMENT

Please ensure that the client is aware that the information gathered and included in the Referral Form is confidential and will be kept on file. This information will be shared with others on a need to know basis and will only be disclosed to third parties without the consent of the client, if there is a significant risk of harm to a child or adult.

DETAILS OF REFERRING AGENT	
Date of referral:	
Agency Name and Borough:	
Referrer's Name and Job Title:	
Referrer's Contact Telephone and Email:	
Referrer's Relationship to Client:	
CLIENTS DETAILS	
Name:	
DOB:	
Current Address: (Ensure to include borough and postcode)	
Parent/Guardian Contact details: Mobile: Email Address:	
Has parent/guardian consent been given for this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Other agencies involved

Name	Job Title/ Relationship	Agency Details	Address, Telephone & email

MONITORING INFORMATION

Ethnic background

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian British | <input type="checkbox"/> Black British | <input type="checkbox"/> Latin American | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> White European |
| <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Black other | <input type="checkbox"/> Mixed Ethnicity | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Asian Other | | | |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Do not know | <input type="checkbox"/> Other – please specify | |

Religion/Belief

- | | | | | | |
|--|--------------------------------------|---|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Atheist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Humanist |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Rastafarian | <input type="checkbox"/> Sikh | <input type="checkbox"/> None | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Do not know | <input type="checkbox"/> Other – please specify | | | |



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Sexuality

- Bisexual Heterosexual Lesbian Other
 Prefer not to say Do not know Other – please specify

Gender/Identity

- Female Transgender Other – please specify Prefer not to say
 Do not know

Disability

- Yes No Registered Disability
- Blindness/Visual impairment Deafness or Partial Hearing
 Learning/Cognitive/Memory Difficulty Mental Health
 Mobility Difficulty Other Disability – please state
 Prefer not to say Do not know

If you have any questions or need any further information please contact:
Tracey Hanson on 07968798864 or tracey.hanson@thejoshansontrust.org