



## **Specialist Services Referral Form**

STATEMENT OF CONSENT: I understand that my information will be shared with the Probation Service, and this will be held confidentially. I am aware that all agencies have a duty to protect the public and may share information with specific local authority agencies if any risk concerns that could harm others arise at any time. With some co-commissioned services my anonymised information may be passed to an evaluation team, to be used for an evaluation of a service, and this information will not be used for any other purpose.

	Signature:	Date:
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**PLEASE NOTE:** Consent can be verbally agreed with the person on probation and signed electronically by the practitioner, this discussion must be recorded in Delius.

PERSON BEING REFERRED		
Name		
Delius		
CRN		
Mobile No		
Address		
Borough	Choose an item.	
D.O.B		
Ethnicity	Choose an item.	
Gender	Choose an item.	

REFERRER INFORMATION	
Referrer Name	
Email Address	
Phone Number	
Probation	
Practitioner	
(if different to	
Referrer)	
Email Address	
Phone Number	

CURRENT INDEX OFFENCE	
Offence: Choose an item.	
Other (please specify):	

PROBATION SENTENCE DETAILS		
Choose an item.		
Prison (if applicable):		
Release Date (if applicable):		
Prison Number (if applicable)		
Termination Date:		

REHABILITATIVE NEEDS (Tick all that apply):		
Homelessness		
Finances/benefits/debt (delete as appropriate)		
Education, Training and Employment		
Substance Misuse		
Safeguarding concerns (children / adults)		
Sex work/Chemsex		
Suspected domestic violence victim		
Disability - Details:		
Neurodiversity Needs - Details:		
Language Barrier - Details:		

RISK ASSESSMENT	
Risk to Self: Choose	Risk to Children:
an item.	Choose an item.
Risk to public:	Risk to known
Choose an item.	Adults: Choose an
	item.
Risk to staff:	
Choose an item.	

## OTHER RISKS/CONCERNS/BARRIERS TO DELIVERY AND REASON FOR REFERRAL

Please briefly include any information you think might be relevant, especially for the safety of staff or others. Any childcare/full time employment etc that may require flexible support, and state why you are making the referral.