**Application/Referral Form**

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| **Date of Referral** |  |

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| --- | --- |
| **Referrer’s details** | |
| **Name** |  |
| **Agency** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile** |  |
| **Email** |  |

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| **Referred Person – Personal Details** | |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Can be contacted at address?** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email** |  |
| **Date of Birth** |  |
| **Living Circumstances** | Living alone Living with family Living in shared accommodation Living in supported accommodation No permanent accommodation Rather Not Say  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |
| **Gender** | Male Female Intersex  Transgender Rather Not Say  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |
| **Preferred Pronouns** |  |
| **Ethnicity** |  |
| **Sexuality** | Heterosexual Gay Man Bisexual  Lesbian Rather Not Say  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |
| **GP Details (Name, address, number)** |  |
| **Emergency contact (name, number)** |  |
| **Preferred method of contact**  **Tel/Mob/Email** |  |
| **Other agency support?** |  |

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| **REASON FOR REFERRAL:** |

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| **Please inform us of anything it is important for us to know:** |
| **Any relevant risks of the person causing harm to themselves or to others (e.g., vulnerabilities, accessibility issues, any ongoing thoughts of suicide, previous violent behaviour)** |
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| **Current Self-Harm:** |
|  |
| **Previous history of Self Harm:** |
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| --- | --- | --- | --- |
| **Should we inform referrer if person did not engage?** | **Yes** | **No** | **N/A** |
|  |  |  |

**This information may be shared with other professionals, to help offer you the best service.**

**This information will be kept on the project database for statistical purposes.**

**Please state if there are objections:**

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|  |

**Do you agree with this?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes:** |  | **No:** |  |

**Signature:**

**Date:**

**Where did you hear about the service?**

|  |
| --- |
|  |

**Please send to: Ayrshire.SelfHarm@penumbra.org.uk**