

# ISIS Women's Centre

## REFERRAL FORM – (PART 1 ASSESSMENT FORM)

### 1. PERSONAL / CONTACT DETAILS

Surname			
Forenames		DOB/Age:	
NI Number			
Address	(Please tick box if appropriate) <input type="checkbox"/> NFA		
Correspondence Address	(If different)		
Landline / mobile			
Dependents	Total no. of Children :	Inc. Child under 5:	Inc. Child 5 – 16:
Next of Kin	Relationship:		
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nature of disability:	
Special needs			
Ethnicity	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other White <input type="checkbox"/>
	Mixed Caribbean/white <input type="checkbox"/>	Mixed African/white <input type="checkbox"/>	Mixed Asian/White <input type="checkbox"/>
	Other mixed <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Black/African <input type="checkbox"/>
	Black Caribbean <input type="checkbox"/>	Other Black <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Other (specify) <input type="checkbox"/>		Not stated <input type="checkbox"/>

Is it ok to phone or visit you at home? Yes  No

Visit without notice <input type="checkbox"/>	Call before visiting <input type="checkbox"/>	Write before visiting <input type="checkbox"/>	Please don't visit <input type="checkbox"/>
Landline only <input type="checkbox"/>	Mobile only <input type="checkbox"/>	Email only <input type="checkbox"/>	Any details given <input type="checkbox"/>

If we call and someone else answers the door or your phone, can we say we're from ISIS? If not, who do you want us to say we are?

Are there any risks we should be aware of when visiting your home? Yes  No

Details:

**2. CRIMINAL JUSTICE INVOLVEMENT**

Is engagement with ISIS a part of a CJS requirement? Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>			
Type of requirement:	Licence condition <input type="checkbox"/>	Community/Suspended Sentence Order <input type="checkbox"/>	Bail condition <input type="checkbox"/>
	Conditional caution <input type="checkbox"/>	Other <input type="checkbox"/> (details)	

Current Offending:	None <input type="checkbox"/>		Not known <input type="checkbox"/>
	Serving Penalty <input type="checkbox"/>		Awaiting court hearing <input type="checkbox"/>
Serving Penalty:	Paying a Fine <input type="checkbox"/>	Serving a Community Order <input type="checkbox"/>	Serving a Suspended Sentence Order <input type="checkbox"/>
	On licence <input type="checkbox"/>	(details of) Other sentence <input type="checkbox"/>	

Custodial:	In custody –sentence under 12 months <input type="checkbox"/>	In custody - sentence 12 months or more <input type="checkbox"/>
Prison: Date of release (if known):	OASys received? <input type="checkbox"/>	PSR received? <input type="checkbox"/>

Has Offender Manager <input type="checkbox"/> Name:			
Contact Details:			
Probation Area:			
Awaiting court hearing:	On bail <input type="checkbox"/>	Awaiting sentence or trial (not remanded/ on bail) <input type="checkbox"/>	Remanded in custody <input type="checkbox"/>
Previous Offending:	None <input type="checkbox"/>	Not known <input type="checkbox"/>	Recently released from Custodial Sentence <input type="checkbox"/>
	Other post sentence <input type="checkbox"/> (details)		
No. of previous convictions	0 <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-5 <input type="checkbox"/>
	6-9 <input type="checkbox"/>	10+ <input type="checkbox"/>	Not stated <input type="checkbox"/>

Previously breached the conditions of bail or of a community order or licence conditions:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not stated <input type="checkbox"/>
Comments:		

Have you ever been convicted of Schedule 1 offences?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not stated <input type="checkbox"/>
Comments:		

Have you ever been convicted of arson?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not stated <input type="checkbox"/>
Comments:		

**3. NEEDS**

Is the referred person experiencing issues in the following areas?

Abuse <input type="checkbox"/>	Accommodation <input type="checkbox"/>	Active offending <input type="checkbox"/>
Alcohol <input type="checkbox"/>	Anti social behavior <input type="checkbox"/>	Children / social services <input type="checkbox"/>
Debts or financial <input type="checkbox"/>	Domestic violence <input type="checkbox"/>	Drugs (incl. prescribed) <input type="checkbox"/>
Employment/training/education <input type="checkbox"/>	Family / relationships <input type="checkbox"/>	Mental Health <input type="checkbox"/>
Peer offending <input type="checkbox"/>	Self-harm <input type="checkbox"/>	Sex working <input type="checkbox"/>
Comment:		Physical Health <input type="checkbox"/>

**4. AGENCY INVOLVEMENT**

Which agencies are known to be involved with the woman being referred and can ISIS have access to assessments (including risk) relating to this woman?

Agency Involved	Engaging	Assessment	Activity
CPS	<input type="checkbox"/>	<input type="checkbox"/>	
Defence Solicitor	<input type="checkbox"/>	<input type="checkbox"/>	
Prison	<input type="checkbox"/>	<input type="checkbox"/>	
Police	<input type="checkbox"/>	<input type="checkbox"/>	
Probation	<input type="checkbox"/>	<input type="checkbox"/>	
DIP	<input type="checkbox"/>	<input type="checkbox"/>	
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	
Sex working Agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic violence/ Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	
Independence Trust	<input type="checkbox"/>	<input type="checkbox"/>	
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	
Health Services	<input type="checkbox"/>	<input type="checkbox"/>	
Sure Start	<input type="checkbox"/>	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Details: **PLEASE ALERT ISIS TO ANY RISKS RELATED TO CLIENT, STAFF OR OTHERS**

***Or alternatively please leave contact details for further communication over risk***

**4. FURTHER INFORMATION**

What does the referred person want to achieve from coming to ISIS? Are there any issues the referred person feels is a priority?

**Please sign contact form on next page**

**5. CONTACT FORM**

I, \_\_\_\_\_ (client name), have been provided with information about the ISIS Women's Centre (verbally or in written form). By signing this form, I give permission for a member of the ISIS Women's Centre team to contact me to arrange an appointment.

**Signature (client):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature (referrer):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name (referrer)** \_\_\_\_\_

**Referring Agency Name:** \_\_\_\_\_

**Contact Tel:** \_\_\_\_\_

The referrer is asked to send this form to:

**Fax: 01452 397699**

**Email: [info@isiswomenscentre.com](mailto:info@isiswomenscentre.com)**

**If sending via .cjsm.net please send to:**

**[rose@nelsontrust.com.cjsm.net](mailto:rose@nelsontrust.com.cjsm.net)**

**Postal Address: ISIS Women's Centre**

**1 Brunswick Square, Gloucester, GL1 1UG**

**Tel: 01452 397690**