|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Received:** | | **Office Use only** | | | |
| **Date Acknowledged:** | |  | | | |
| **Section 1 – Referrer to Complete** | | | | | |
| **Is the client female / identifies as female?** | | | | **YES** | **No – not eligible** |
| **Offending** | | | | **Y/N** | **Details** |
| Has client given consent to referral being made? | | | |  |  |
| Has the client been involved in the criminal justice system in the last 12 months? | | | |  |  |
| Has the client had a caution or conditional caution in the last 12 months? | | | |  |  |
| Are you aware that the client has committed an offence in the last 12 months? | | | |  |  |
| If currently on a license, what date is this due to end? | | | |  | |
| **If you have answered No to all of the above questions, then DO NOT refer to the Changes service.**  **If you have answered YES to any of the above questions, then please continue to Section 2** | | | | | |
|  | | | | | |
| **Section 2 – Referrer to Complete**  **Please score any identified needs on a scale of 0-4. 0 being no concern. 4 being immediate risk. Please give examples to back up your score including details, frequency and nature of traits identified.** | | | | | |
| **CHECKLIST FOR PERSONALITY DISORDER TRAITS** | **0-4** | | **Rationale for score** | | |
| Low self esteem |  | |  | | |
| Difficulty adapting to change |  | |  | | |
| Lacks self-identity and struggles to express needs |  | |  | | |
| Difficulty identifying/expressing emotion |  | |  | | |
| Struggles to problem solve |  | |  | | |
| Struggles to engage with support |  | |  | | |
| Impulsivity |  | |  | | |
| Difficulty relating to others and maintaining relationships |  | |  | | |
| Misuse of emergency services (frequent presentations at A&E or ambulance call outs) |  | |  | | |
| Anti-social behaviour |  | |  | | |
| Recent self-injury including overdose (within last 3 months) |  | |  | | |
| Recent suicidal ideation/attempts (within last 3 months) |  | |  | | |
| Anger management |  | |  | | |
| Risk of harm to others |  | |  | | |
| Reports recent abuse (within last 3 years)  If yes score 4 |  | |  | | |
| **TOTAL SCORE** |  | |  | | |
| **If you scored below 30 DO NOT refer to Changes service.**  **If you scored 30 or above please CONTINUE to complete the referral form and send to the Changes Team.**  **If you have any queries call the team on 01924 448 975** | | | | | |

|  |  |
| --- | --- |
| **Client Details** |  |
| **Preferred Name:** |  |
| **DOB:** |  |
| **Address:**  **Postcode** |  |
| **Contact number(s):** |  |
| **Email address:** |  |
| **NOK / Emergency contact:**  **Is the client happy for this person to be contacted?** | **Yes No** |
| **Does the client have a formal Mental Health Diagnosis?** | **Yes No** |
| **Details of Mental Health Diagnosis:** |  |

|  |  |
| --- | --- |
| **Diversity and inclusion** |  |
| **Is the clients first language English?** | **YES NO** |
| **Other language (first)** |  |
| **Will the client require an interpreter?** |  |
| **Are there any communication issues?** |  |
| **Does the client have a learning disability?** |  |
| **Is the client autistic?** |  |
| **Does the client have memory problems?** |  |
| **Is the client ex-service personnel?** |  |
| **Does the client have any specific contact requirements?** |  |

|  |  |
| --- | --- |
| **Referrers Details** |  |
| **Name:** |  |
| **Role and Agency:** |  |
| **Address:**  **Postcode** |  |
| **Contact number:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Any Other Professionals Involved and Contact Number;** | **Signed Declaration – Please co-sign if referrer is not a statutory agency;** |
| **GP:** | I am in agreement with this referral; |
| **Probation:** | I am in agreement with this referral; |
| **Care Coordinator / CPN:** | I am in agreement with this referral; |
| **Other Statutory:** | I am in agreement with this referral; |
| **Voluntary Agency:** |  |
| **Other Voluntary:** |  |
|  | |
| **Risk Assessment** | |
| **Dose the client have an up-to-date Risk Assessment?** | **YES NO** |
| **Is a copy being sent with this referral?** | **YES NO**  (Please note that we are unable to process referrals without this where there is statutory involvement) |
| **Is the client subject to CPA/ MAPPA?**  **If YES, what is the date, time and venue of their next meeting?** | **YES NO** |

|  |  |  |
| --- | --- | --- |
| **Ethnicity** |  | **Disability** |
| A – White - Any other white background | Yes |
| A – White - British | No |
| A – White - Irish | Client does not wish to state |
| B – Mixed – Any other mixed background | Client not asked to state |
| B – Mixed – White and Asian |  |
| B – Mixed - White and Black African |
| B – Mixed – White and Black Caribbean |
| C – Asian or British Asian – Any other Asian background | **Gender** |
| C – Asian or British Asian – Bangladeshi | Female |
| C – Asian or British Asian – Indian | Male |
| C – Asian or British Asian – Kashmiri | Gender assigned at birth? |
| C – Asian or British Asian – Pakistani | **YES NO** |
| D – Black or Black British – African |
| D – Black or Black British – Any other Black background | **Sexuality** |
| D – Black or Black British - Caribbean | Heterosexual (straight) |
| E – Other Ethnic Groups – Any other Ethnic background | Gay |
| E – Other Ethnic Groups - Chinese | Lesbian |
| Client does not wish to state | Bisexual |
| Client not asked to state | Self-defined |
|  | Client does not wish to state |
| Client not asked to state |
|  |
| **Religion** | **Relationship Status** |
| Christian – All denominations | Single |
| Buddhist | Co-habiting |
| Hindu | Married |
| Jewish | Civil Partnership |
| Muslim | Other |
| Sikh | Client does not wish to state |
| No belief | Client not asked to state |
| No religion |  |
| Other – please state | **Residency** |
| Client does not wish to state | Is the client a British citizen? |
| Client not asked to state | **YES NO** |
| Other – please state |

**Please return the completed referral form and any relevant documentation as soon as possible to enable us to process the referral quickly and efficiently.**

**We aim to acknowledge receipt of referrals within 7 working days.**

**Please note: We prefer referrals to be emailed to us for processing, please ensure you save the referral form in a Password Protected document before sending. Thank you.**

**PLEASE RETURN TO:**

**EMAIL:** [**changes@commlinks.co.uk**](mailto:changes@commlinks.co.uk)

**FAX: 01924 422 012**

**ADDRESS: Community Links Changes Service**

**Annexe 1, Unit 38, Batley Business Park**

**Technology Drive**

**Batley**

**WF17 6ER**

**TEL: 01924 448 975**