Logo

Description automatically generated

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| **Referral form**  To be completed by non-probation referring agency  ***ELIGIBILITY:***  ***Resident in the UK with permission to work documentation as appropriate***  ***Unemployed or economically inactive***  ***Over 18 years of age***  ***Serving a community sentence or be under supervision on licence***  ***Participation at Activity Hubs is voluntary*** |

|  |  |
| --- | --- |
| Name of referrer /  organisation / contact number / email address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Participant |  | | CRN(if known) |  |
| Name of Probation Practitioner/ Contact No.  /Email address |  | | Participant Contact No. |  |
| Please give an overview of the support needed by the participant |  | | | |
| Consent gained from Probation Practitioner  Yes  No | | Participant has agreed to the referral  Yes  No | | |
|  | | | | |

**I agree to make the Activity Hub Support Worker aware of any changes to this participant’s risk**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date of Referral** |  |
| **Local Hub** |  | **Date Received** |  |

All referrals must be sent to the relevant secure email account:

[Leeds@yorkshireactivityhubs.cjsm.net](mailto:Leeds@yorkshireactivityhubs.cjsm.net)

Please call 0113 242 5522 if you do not have access to a CJSM account.