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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*** |

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

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|  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 PractitionerYes [ ]  No [ ]  | Participant has agreed to the referralYes [ ]  No [ ]  |
|  |

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

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

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

Leeds@yorkshireactivityhubs.cjsm.net

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