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| **Family Justice Centre Referral Form** | | |
| **Date** | |  |
| **Name of the person filling in this form** | |  |
| **How did you find out about the FJC?** | | **Self-referral:**  Leaflet  Sticker  Billboard  Internet  Other: (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signposting:** Agency (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Direct referral:** Agency (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you/the person being referred consent to the service?** | | Yes  No |
| **Details of the person being referred** | | |
| **Name** |  | |
| **Date of birth** |  | |
| **Permanent address**  *This is the main address registered to the person, NOT the address which has been fled to* |  | |
| **Safe telephone number**  Safe time to call/code word |  | |
| **Gender** |  | |
| **Do you have “no recourse to public funds”?**  *This is a condition for some immigrants to the UK – it will be listed on your documents. If you are not sure please tell us your immigration status.* |  | |
| **Ethnicity** |  | |
| **Children** | | |
| **Are there children involved? *(18 and under)*:**  Yes  No If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Background** | | |
|  | | |
| **Support Needs** | | |
| Solicitors  Housing  Substance misuse  Counselling  Risk management  Safety planning  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |