A logo with text on it

Description automatically generated

**Risk Enablement Forum - Referral Form**

|  |  |
| --- | --- |
| **Date of Referral:** |  |

**Referrer Details:**

|  |  |
| --- | --- |
| **Name (of person making referral):** |  |
| **Name of your agency:** |  |
| **Position:** |  |
| **Your email:** |  |
| **Your telephone number:** |  |
| **Name of manager approving referral:** |  |
| **Manager’s email:** |  |
| **Manager’s telephone number:** |  |

**Details of Person being Referred:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:** |  | | |
| **Date of Birth:** |  | | |
| **Gender Identity:** |  | | |
| **Lives in rented accommodation?** | **Yes  No  Unknown**  **If Yes please provide landlord’s details:** | | |
| **Do they have any communication needs? e.g. interpreter** |  | | |
| **GP Name & Address:** |  | | |
| **Number of Dependent Children:** |  | **Ages:** |  |

**Key Family Members and Associates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to the Individual** | **Address** | **Does this relationship pose a risk to the individual?** (if Y provide details in the referral section) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for Referral – Identification of Risks:**

|  |
| --- |
| **Briefly outline the reasons for your referral – What are you worried about?**  **Please structure this section by providing relevant background information.** |
|  |

**Mental Capacity:**

|  |
| --- |
| **Do you have concerns about the mental capacity of the individual in relation to the risks identified**? |
| **Yes  No**  (Please refer to [Mental Capacity Act Code of Practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) for guidance) |

**Key Locations of Risk:**

|  |
| --- |
| **Are there any addresses, locations which are a key risk to the individual?** |
|  |

**Actions Taken to Reduce Risk:**

|  |
| --- |
| **Briefly outline the multi-agency work/meetings that have been held to date e.g. Multi-Disciplinary Team meetings, Safeguarding, MARAC, etc. and the frequency of interventions - what were the outcomes?** |
|  |

**Think Family:**

|  |
| --- |
| **Ar*e there any risks to children or other vulnerable adults in the home or through coincidental contact?*** |
|  |

|  |
| --- |
| **Is the person aware of this referral? What are their views about their situation and the risks? What are their desired outcomes?** |
|  |

|  |
| --- |
| **As the referrer what are your views about the situation/risks and what are your desired outcomes?** |
|  |

Please email your referral securely to Darlington Safeguarding Partnership

[DSP@darlington.gov.uk](mailto:DSP@darlington.gov.uk)

For further information and guidance about the Risk Enablement Forum please contact Darlington Safeguarding Partnership Business Unit [DSP@darlington.gov.uk](mailto:DSP@darlington.gov.uk) or 01325 406450/4064501.