

**Risk Enablement Forum - Referral Form**

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| **Date of Referral:** |  |

**Referrer Details:**

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| **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:**

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| **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:**

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| **Name** | **Relationship to the Individual** | **Address** | **Does this relationship pose a risk to the individual?** (if Y provide details in the referral section) |
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**Reason for Referral – Identification of Risks:**

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

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| **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:**

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| **Are there any addresses, locations which are a key risk to the individual?** |
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**Actions Taken to Reduce Risk:**

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| **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?** |
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**Think Family:**

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| **Ar*e there any risks to children or other vulnerable adults in the home or through coincidental contact?*** |
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| **Is the person aware of this referral? What are their views about their situation and the risks? What are their desired outcomes?** |
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| **As the referrer what are your views about the situation/risks and what are your desired outcomes?** |
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Please email your referral securely to Darlington Safeguarding Partnership

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 or 01325 406450/4064501.