Please print clearly in capitals or type details – you must complete all questions.

1. **Individual or Organisation Referred By:**

|  |  |
| --- | --- |
| **DATE OF REFERRAL:** |  |
| **ORGANISATION & NAME:** |  |
| **JOB TITLE:** |  |
| **ADDRESS:** |  |
| **CONTACT NUMBER:** |  |
| **EMAIL ADDRESS:** |  |

1. **Referral Details:**

|  |  |
| --- | --- |
| **FULL NAME:** |  |
| **ADDRESS:** |  |
| **CONTACT NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **DATE OF BIRTH:** |  |
| **GENDER:** |  |
| **EMERGENCY CONTACT NAME / RELATIONSHIP TO INDIVIDUAL:** |  |
| **EMERGENCY CONTACT NUMBER:** |  |
| **ETHNICITY (TICK ONE):** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Asian or Asian British | | | | | | Black or Black British | | | | | | Chinese | |
| Indian | Pakistani | | Bangladeshi | | Asian Other | Caribbean | African | | | Black Other | | Chinese | |
|  |  | |  | |  |  |  | | |  | |  | |
| White or White British | | | | | | Mixed | | | | | | | |
| British | | Irish | | White Other | | White & Black Caribbean | | White & Black African | | | White & Asian | | Mixed (Other) |
|  | |  | |  | |  | |  | | |  | |  |
| Other Ethnic Group (please state) | | | | |  | Do Not Wish To State | | |  | | | | |

|  |  |
| --- | --- |
| I consider this person to have a disability as defined by the Disability Discrimination Act as ‘a physical or mental impairment’. | YES  NO |
| Do they have any medical needs which you believe may influence their ability to carry out certain activities? | YES  NO |
| If yes to either questions, please specify: | |

1. **Referral Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REASON FOR/ BACKGROUNG OF REFERRAL:** |  | | | | |
| **ALL OTHER AGENCIES INVOLVED:** |  | | | | |
| **DETAILS OF ANY KNOWN CRIMINAL OFFENCE/ GANG AFFILIATION:** |  | | | | |
| **CURRENT RISK OF VIOLENCE/ OTHER FORMS OF CONFRONTATION** | LOW  1 | 2 | 3 | 4 | HIGH  5 |
| **PLEASE LIST ANY TERRITORIAL ISSUES** |  | | | | |
| **ANY OTHER RELEVANT INFORMATION/ INTELLIGENCE THAT COULD INFORM THE RISK ASSESSMENT AND/ OR RESOLUTION OF CONFLICT** |  | | | | |

|  |
| --- |
| **PLEASE RETURN TO:**  **Megan Smith – Employability Coordinator**  **Contact Number: 020 740 2561**  **Address: QPR in the Community Trust, Kiyan Prince Foundation Stadium, South Africa Road, W12 7PJ** |