Referral Form
Rhyl LGBTQ+ Project

When completed, please return this form to:

Emma Evans (Contracts & Quality Assurance Manager - Llamau)
Tel: 07776 708 295
e-mail: emmaevans@llamau.org.uk

PLEASE COMPLETE EACH SECTION OF THIS FORM TOGETHER WITH THE YOUNG PERSON YOU ARE REFERRING, & ENSURE BOTH YOU & THE YOUNG PERSON SIGN THE FORM.

PLEASE NOTE WE HAVE AN OPEN ACCESS POLICY, AS SUCH YOU NEED TO INFORM US IF YOU DO NOT BELIEVE IT IS ACCEPTABLE FOR THE YOUNG PERSON TO HAVE ACCESS TO THE INFORMATION YOU HAVE PROVIDED.

PLEASE USE BLACK INK

Details of Applicant

Surname: _____ Forename(s): _____

Preferred Name: _____ Preferred Pronoun: _____

Sex: _____ Date of Birth: _____

Age: _____ N.I. number: _____

Telephone Number: _____

GP Registered: ☐ Yes ☐ No

GP Name: _____

Address: _____

_____

Economic Status:

☐ Working full time ☐ Working part time ☐ Unemployed

☐ JSA ☐ Income Support ☐ Incapacity ☐ PIP

☐ Training ☐ Student ☐ At school ☐ Other (please specify):

Approximate weekly income: £ -_____

Care Experienced Status:

☐ N/A ☐ Care Leaver

Criminal Justice status:

☐ N/A ☐ Supervision ☐ Licence/Community Order

☐ MAPPA ☐ MARAC ☐ At Risk

Current Accommodation and Housing History:

Current Address & Postcode: _____

_____

_____

Present Accommodation type:

☐ Friends ☐ Bed & Breakfast ☐ Housing Association property

☐ Family ☐ Local Authority property ☐ Hostel

☐ Private Rented sector ☐ Local Authority Care ☐ Other:_____

☐ Living in Homeless Temporary Accommodation

Reason for Referral / Homelessness:

Asked to leave by family		Chose to leave family		Not living in an Inclusive Environment	
Chose to leave friends		Asked to leave by friends		No fixed abode/Sofa Surfing	
Leaving Care		Placement breakdown		Release from custody	
Moving from another Llamau project		Moving from non Llamau project		Rent Arrears	
Evicted from LA / HA		Evicted from private rented sector		Evicted from Hostel	
Difficulty with tenancy		Safeguarding Risk		Early Intervention & Support	

Previous address:

Postcode: Tel.:

Why did the young person need to leave this accommodation?

Details of Referring Agency:

Name of Referrer:_____
_____

Job Title of Referrer: _____

Professional Address of Referrer:_____
_____
Postcode: Tel.: _____

Email Address of Referrer:_____

Referring Agency:

Homelessness		Social Services		Viva	
Health		Local Authority		Self	
Other Llamau Project		Probation		Other:	

Are there other agencies involved with this young person at the moment, and if so – what support are they providing, and what are their contact details:

Are all the agencies involved with this young person, and the young person themselves aware of, and in agreement with, the referral to this project?

☐ Yes ☐ No

If no – please specify why:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Support Needs:

PLEASE COMPLETE EACH OF THE NEEDS LISTED BELOW. USE '**3**' FOR SEVERE NEEDS, '**2**' FOR HIGH NEEDS, '**1**' FOR LOW NEEDS & '**0**' FOR NO NEEDS:

☐ Mental Health	☐ Physical Health	☐ Sexual Health
☐ Anxiety	☐ Bereavement	☐ Anger Management
☐ Childhood issues	☐ Emotional Support	☐ Counselling
☐ Community integration	☐ Eating disorders	☐ Family relationships
☐ Communication / negotiation	☐ Loneliness / Boredom	☐ Isolation
☐ Managing behaviour / attitude	☐ Offending reduction	☐ Peer pressure
☐ Self Esteem / confidence	☐ Self harm	☐ Substance misuse
☐ Budgeting / managing finances	☐ Benefits	☐ DAF applications
☐ Domestic / practical living skills	☐ Debt management	☐ Filling in forms
☐ Rent / Service Charge arrears	☐ Setting up home	☐ Literacy / numeracy
☐ Setting up / utilities payments	☐ Learning difficulties	

If this section is not fully completed, this may delay the referral process until all relevant information can be gathered.

PLEASE PROVIDE FULL DETAILS RE: EACH SUPPORT NEED NUMBERED 1 – 3 ABOVE.

Also, if writing in relation to Offender Reduction please give detailed information about the causes, action taken, offences, Court appearances, sentences – including any current or outstanding issues / community / reparation orders etc.:

Project Specialism

Sexual orientation / Gender identity / Gender dysphoria & related health & well-being.
USE '**3**' FOR SEVERE NEEDS, '**2**' FOR HIGH NEEDS, '**1**' FOR LOW NEEDS & '**0**' FOR NO NEEDS

<u>Sexual Orientation</u>

- **What words, if any, would the young person use to describe their sexual orientation?**

- **Please give details about the young person's background and experience around their sexual orientation and exploration. Also, please include any detail around the support needs that have been identified.**

<u>Gender Identity</u>

- **What words, if any, would the young person use to describe their gender identity?**

- **Please give details about the young person's background and experience around their gender identity and exploration. This may include references to experiences of gender dysphoria, <u>however, this is not expected or required in order to be eligible for support from the project</u>. Also, please include any detail around the support needs that have been identified.**

- **Please can you tell us a little about how their Gender Identity and/or Sexual Orientation have/has been supported or accepted by other people in their life? What impact do they think this has had on their experience and current circumstances?**

RISK ASSESSMENT: **Please share any risk issues – either to the service user themselves, or to others / property that Llamau needs to know to allow a placement with us the best chance of success.** **Llamau has a policy of being open with service users, and has an 'open access' policy re files.** **IF YOU ARE PROVIDING INFORMATION THAT YOU FEEL SHOULD BE KEPT CONFIDENTIAL FROM THE SERVICE USER, PLEASE CLEARLY MARK IT CONFIDENTIAL.**

We confirm the information provided is accurate, and the young person consents to it being shared with Llamau.

Signed (Referrer): _____ Date: _____

Signed (Young person): _____ Date: _____

<u>CHECKLIST:</u>

- **Have all sections of this form been <u>FULLY</u> completed?**
- **Has it been signed by <u>BOTH</u> referrer and young person?**
- **Has the Referring agency's latest version of Support / Care plan & Risk Assessment for this individual been sent with the referral form?**
- **Has it been clearly marked as confidential if necessary?**
- **Please now send to Llamau at the address on the front page.**

Denbighshire County Council / Llamau / Viva

EQUAL OPPORTUNITIES MONITORING FORM

We do not discriminate on the grounds of race, gender, sexual orientation, sex, disability or religion. To make sure of this we ask everyone to fill in one of these forms and place it in the envelope provided (ensuring the envelope is sealed). You do not put your name on it & it will not affect your application in any way.

HOW WOULD YOU DESCRIBE YOURSELF?

Sexual Orientation:

What words, if any, would you use to describe your sexual orientation?

Gender Identity:

What words, if any, would you use to describe your gender identity?

Disability: Do you consider yourself to have a disability?

Yes - Registered		No		Prefer not to say	

How would you describe your national identity?

I would prefer not to say		Welsh		English	
Northern Irish		British		Scottish	
I would prefer to describe my national identity in another way (please describe):					

What is your ethic group?

White					
Welsh/English/Scottish/ Northern Irish/British		Irish		Gypsy or Irish Traveller	
Any other White background, please describe:					
Mixed/ Multiple ethnic groups					
White and Black Caribbean		White and Black African		White and Asian	

Any other Mixed/Multiple ethnic background, please describe:					
Asian/ Asian British					
Indian		Pakistani		Chinese	
Bangladeshi		Any other Asian background, please describe:			

Black/ African/ Caribbean/Black British			
African		Caribbean	
Any other Black/African/Caribbean background, please describe:			
Other ethnic group			
Arab		Any other ethnic group, please describe:	

What is your religion or belief?

No religion		Buddhist		Jewish		Sikh	
Christian - all denominations		Hindu		Muslim		Prefer not to say	
Any other - please describe below:							