

GRAVESEND VULNERABILITY PANEL - ADULT CLIENT INFORMATION FORM

PART A – AGENCIES WISHING TO MAKE A REFERRAL

Instructions

The Gravesend Vulnerability Panel referral form is used in assessing whether someone referred to the programme is appropriate. This will not be the only criterion used in determining service eligibility, and certain vulnerable groups of people will be given priority:

- The person experiences several problems at the same time (e.g. homelessness, mental ill health, substance misuse, offending, family breakdown)
- The person has ineffective contact with services (e.g. frequent attenders)
- The person lives a chaotic life

Once completed, please RETURN this referral form to:

community.safetyunit@gravesham.gov.uk

Details of person requesting support for the individual			Date	
Name		Role		
Agency/organisation		Address		
Contact number		Contact email		
Client information				
Name				
DOB		Nationality		
Address (include postcode)				
Contact numbers:				
Please confirm that you have written consent from the individual	Yes/No			
Please state your reasons for making this referral and why additional support is needed				
Please describe the issues and concerns that are currently present (e.g. homelessness, mental ill health, substance use, offending, family breakdown etc.)				
Please outline any work that has been undertaken with the individual including any successes				
Please highlight any risks that you have identified				
Intentional self-harm				

<p>Unintentional self-harm</p> <p>Risk to others</p> <p>Risk from others</p>
Any other risks identified?
Individual views: What is the individual hoping to achieve from this referral?
Best Agency to Lead the referral?
Which Agencies would be best placed to assist with the referral?

Additional information

Details of other agencies / practitioners involved with the individual:

Practitioner Name	Job role/ Team/ Organisation	Contact details

Client Consent to Share Information
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I understand that the information gathered regarding myself is recorded and will be stored and used for the purpose of providing advice and support services for me, and for the evaluation of these services.

I agree to the sharing of information between the practitioners working **with** me in connection to this support.

Client Name:

Client Signature:

Date:

PART B – REQUEST FOR CLIENT INFORMATION

Instructions

A referral has been made to the Gravesham Vulnerability Panel in reference to the above client. Please complete Part B of this form, identifying information known to you / your organisation in relation to this client.

Organisation	
Name & Job Title / Rank	
Contact Address / Details	
Reference	

Please describe the issues and concerns that are currently present (e.g. homelessness, mental ill health, substance use, offending, family breakdown etc.)
Please outline any work that has been undertaken with the individual including any successes