# Risk Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Risk to self |  | Risk to others | |  |
| Other Risk | Suicide  Self harm  Vulnerable (harm from others)  Environmental risk | | Drug and Alcohol issues  Previous DA experience  Behavioural issues | |
| Priority |  | | | |

# Client information

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Other known names |  | | |
| Gender Identity |  | | |
| DOB |  | Age |  |
| Address |  | | |
| Postcode |  | Local Authority Area |  |
| Mobile Number |  | Home Number |  |
| Email |  | | |
| Method of Contact |  | | |
| Safe to: | Leave VM  Send SMS  Email  Letter  Call home | | |
| Specific requirements / access support? |  | | |

# Agency information

|  |  |  |  |
| --- | --- | --- | --- |
| Receiving Agency Ref |  | Date of Referral |  |
| Receiving Agencies (if known) |  | | |
| Referring Agency |  | | |
| Referrer’s Name |  | Contact number |  |
| Email |  | Consent given? | Yes  No |
| Agency Reference |  |  |  |

# Other Agencies

## List any other agencies involved:

|  |  |  |  |
| --- | --- | --- | --- |
| Other Agency |  | Reference (if known) |  |
| Contact details / further information |  | | |
| Other Agency |  | Reference (if known) |  |
| Contact details / further information |  | | |
| Other Agency |  | Reference (if known) |  |
| Contact details / further information |  | | |
| Any other agencies? | Yes  No  Don’t know | | |

**The following sections are optional. Please complete any relevant information in order for the correct agency to pick up the referral.**

# Mental Health Information

|  |  |
| --- | --- |
| Known Mental Health Condition | Yes (provide details here)  No (go to next section) |
| If yes, please provide further information. |  |
| Relevant information relating to mental health (is support being provided from others?) |  |

# Sexual Offences / Human Trafficking / HBV / Forced Marriage

|  |  |
| --- | --- |
| Is the alleged incident: |  |
| Date(s) of incident(s) (approx. if historic) |  |
| Suspect’s relationship to client? |  |
| If relative, please state relationship |  |
| Age of suspect at time of incident? | Perceived Age  Known Age  Age: |
| Has a report been made to the Police, or does the person intent to report? | Yes  No  Don’t know |

# Children and Young People

Parent / Guardian 1 Parent / Guardian 2

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Relationship |  |  |
| Address |  |  |
| Postcode |  |  |
| Mobile Number |  |  |
| Home Number |  |  |
| Email |  |  |
| Method of Contact |  |  |
| Safe to: | Leave VM  Send SMS  Email  Letter  Call home | Leave VM  Send SMS  Email  Letter  Call home |
| Other children in the family? | Yes  No | |
| If yes, give details (age, gender, number of children). |  | |

# Crime Information

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Crime |  | Police Reference |  |
| Details of incident |  | | |

# Additional Information

## Please use the following section as a continuation sheet. Include any further relevant information.

## 

|  |
| --- |
|  |

Please send completed referral forms to [connect.gwent@gwent.pnn.police.uk](mailto:connect.gwent@gwent.pnn.police.uk)

If you would like to discuss anything with any of our team, or any of the agencies based within Connect Gwent, please contact 0300 1232133.