# 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 AgeAge:        |
| 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

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.