

**Send referral to:**

michael.dawes@al-hurraya.org

**To comply with data policies and GDPR, please ensure this document is password protected.**

**GAMBLING SERVICE REFERRAL FORM**

**Forename: Surname:**

**D.O.B:** Male Female

**Email:**

**Contact Number:**

**Address:**

**Postcode:**

**Has Client consented to referral?** Yes No

**If under 16 years old, has the Parent / guardian consented to this referral?** Yes No

**Parents / Carers information if under 16 years:**

**Gambling Issues**

**Is client a gambler or an affected other?**

**Type of Gambling: Duration of Gambling Issues:**

**Social/Personal Impacts:**

**Referrer Information**

**Name:**  **Organisation:**

**Position: Phone Number:**

**Email:**

**Secondary Presenting issues**

**Drug / Alcohol use:**

**Knife Crime:**

**Gang involvement**:

**Other (including Radicalisation, ACE’S, Trauma and CSE / CCE)**

**Self-Harm: Current?  Historical **

**Suicidal ideation: Current?  Historical **

**Is Client accessing Mental Health Services?** (**please provide further information**)**:**

**Is Client a Parent or do they have any Childcare responsibilities?**

**Safeguarding issues** (**please provide further information**)**:**

**Are there any issues around Domestic Violence and Abuse?** (**please provide further information**)**:**

**Is the DVA Current?  or historical? **

**Is the Client (person being referred) Perpetrator?  Victim? **

**Has a DASH-RIC been completed? Has a MARAC referral been made?**

**Outcome?**

**Has a referral into Social Care been made?**

**Outcome?**

**Named Social Worker & Contact Information:**

**Reason for Referral into Al-Hurraya:**

**Cultural issues / needs:**

**Religious Needs:**

**Details of any learning needs or additional support required:**

***Al- Hurraya OFFICE USE ONLY***

***Date referral Received:***

**Date contact made with Client:**

**Date and location of first appointment:**

**Name: Designation:**

**Signature: Date:**

***Any additional information?***

**Demographic Information**

**Nationality: Ethnicity:**

**Religion:**

**Sexual orientation: Gender:**

**Do you identify as a gender different from your birth?**

**Does Client require any support in these areas?**