



Applicant Risk Assessment Form for Referrers

Please fill out the details below and return to Sue Fourie:
sue.fourie@genesistrust.org.uk

Please note: How you answer these questions will not affect your client's eligibility for the LIFE course. The information shared is for our own risk assessment purposes. If you have an existing risk assessment form completed then that would be acceptable to send to us.

Applicant's details:

First name(s):	Last name:
-----------------------	-------------------

Phone:	
---------------	--

Date of birth:	
Place of birth:	

Age (tick box): 20s 30s 40s 50s 60s+

Gender (tick box):
 Female Male Trans Neutral Other Prefer not to say

Ethnicity (tick box):
 Asian Afro-Caribbean Black British
 White British or European Multiracial

Client's recovery primarily from (tick box):
 Alcohol Drugs Poor mental health Impact of trauma
 Other addictions/compulsions

Referrer's details:

How you heard about the course (tickbox):

Colleague Client Poster Online search Other agencies

Referrer's name:	
Agency and role:	
Your phone number:	
Your email address:	

How long have you known the client and in what capacity?

Why do you think your client would benefit from this course at this stage in their recovery?

What, in your opinion, have been the main barriers to your client's well-being?

Please comment on your client's use of drugs/alcohol over the last six months and the support they are accessing in this area.

Please comment on your client's mental and physical health.

Is your client under probation?

Yes No

Does your client have a history of violence, aggression, arson or sexual offences?

Yes No

If yes, please give details.

Can you identify any areas where the client is a risk to others, or at risk from others?

Confidentiality

All information will be held under our data protection policy and will not be passed on to external parties without client consent.

Today's date:	
----------------------	--