

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 □Ne	eutral □Other □Prefer not to say	
	□Black British ultiracial	
Client's recovery primarily from (tide ☐ Alcohol ☐ Drugs ☐ Poor mental house ☐ Other addictions/compulsions	ck box): nealth	

Referrer's details:				
How you heard a	about the	e course (ti	ckbox):	
=	□Client	=	_	\square Other agencies
Referrer's name	a:			
Agency and role	3 :			
Your phone nun	nber:			
Your email add	ress:			
How long have y	ou know	n the clien	t and in what ca	pacity?
Why do you thin stage in their re	=	lient would	benefit from thi	s course at this
What, in your op being?	oinion, ha	ave been th	e main barriers	to your client's well-
Please comment months and the				ol over the last six rea.

Please comment on your client's mental and physical health.				
Te your cl	ient under p	obation?		
□Yes		Obacion:		
Does your offences?		a history of violence, aggression, arson or sexual		
□Yes	□No			
If yes, ple	ease give det	ails.		
Can you ic		reas where the client is a risk to others, or at risk		
Confider	ntiality			
		ld under our data protection policy and will not be rties without client consent.		
Today's	date:			
	I			