****

**Self-Referral form**

##### 1: PERSONAL DETAILS

|  |  |
| --- | --- |
| Forename(s): | Last Name: |
| Date of Birth:  | Gender: | Ethnicity: |
| Address: Postcode: |
| Mobile Number:  | E-mail Address: |

**2: PROBATION INFORMATION (if applicable)**

|  |
| --- |
| Is your conviction: *[please circle]* **Spent or Unspent** |

**a: For *Spent Conviction***

|  |  |
| --- | --- |
| Nature of offence:  | Date of sentence:  |
| Length of current sentence:  | Release date: |

**b: For *Unspent Conviction***

|  |  |
| --- | --- |
| Nature of offence:  | Date of sentence:  |
| Length of current sentence:  | Release date: |
| Are you on license: *[please circle]* Yes / No |
| If *Yes*, please provide further details: *(i.e. duration of license)* |
| Probation Practitioner’s Name: |
| Probation Practitioner’s Contact Number:  | Probation Practitioner’s E-mail Address: |

**3: REASONS FOR REFERRAL**

|  |
| --- |
|  |
|  | **Date of Referral:**  |

**4: OTHER INFORMATION**

|  |  |
| --- | --- |
| Any additional support needed:  | Your first language:  |
| Interpreter/signer required: |  |

 **5: SIGNATURE: DATE:**

|  |  |
| --- | --- |
|  |  |

**Please forward completed referral forms to: itunu.adesanmi@tailoredfutures.org**