|  |  |
| --- | --- |
| **Name of Referring Agency:** |  |
| **Contact No:** |  | **Email:** |  |
|  |  |
| **Name of Participant:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **Contact No.:** |  | **Email:** |  |
|  |
| Details of any restrictions that need to be complied with: |
| Predominant prejudice or hostility of the Participant: |
| Reason for referral:  |
| Risk Factors – including level of risk that may affect Turning the Spotlight Programme Partner’s volunteers, staff other projects participants and members of the public: |
| Is there a risk that the participant may take offence or be abusive if they found they were working alongside an offender with a sexual offending background: YES ❒ NO ❒  |
| Are there any health issues that may impact the participants’ ability to do outdoor physical work? |
| Other issues that we should be aware of: |
| **Medical Information:**(i.e. medication, allergies, mobility issues to be aware of) |
| Interests/hobbies of participant referred: |
| **Person referred by:** |  |
| **Referrer Organisation:** |  |
| **Contact Telephone Number:** |  |
| **Date of Referral:** |  |
| **Signed:** |  |

Please send completed referral form to AWAZ Cumbria by the CJS Secure E-mail Address: hate.crime@awazcumbria.cjsm.net

OR You can also send the referral form by post but please ensure you send it by registered post to **AWAZ Cumbria: P.O Box 282, Carlisle, CA2 6WZ**

If you need further information or assistance please contact;

**Turning the Spotlight on Hate Crime Programme**

**AWAZ Cumbria**

**Tel: 01228 511115**

E-mail: cathy@awaz.info (Please use this e-mail for general information and contact)

Secure E-mail: cathy.stubbs@awazcumbria.cjsm.net (Please only use this e-mail for confidential information sharing)

**Postal Address: P.O Box 282, Carlisle, Cumbria, CA2 6WZ (Please only use registered post)**