



SELF REFERRAL FORM

| YOUR DETAILS | |
|---|---------|
| Full Name: <i>(please include any middle names if possible)</i> | |
| Address: | |
| Date of Birth: | |
| Landline: | Mobile: |
| Email: | |
| Other names you have been known by: | |
| Other individuals residing with you: | |
| General Availability (daytime, evening, etc.)? | |
| Do you require an interpreter (if so, please state language/nationality)? | |

WHAT'S BEEN HAPPENING?

Please provide a brief summary of the incident, and any action already taken

Crime Ref no. (if you have one)

| | |
|---|--|
| | |
| Does the other party know you have made this referral? | |
| How do you hope we can help? What would you consider the ideal outcome to be? | |
| Are there any other options you're considering? | |

HAVE ANY AGENCIES BEEN INVOLVED IN HELPING YOU (such as Police, Local Authority, Doctor, Social Services, etc.)?

If so, may we have your permission to speak to them about your situation?

I consent to my information being shared with the Hub by departments named below

| | |
|------------|-------------|
| Person 1: | Department: |
| Job Title: | Email: |
| Landline: | Mobile: |
| Person 2: | Department: |
| Job Title: | Email: |
| Landline: | Mobile: |

Risk Information

Are there any risks at either property that our mediators should be aware of before they visit? Please provide details below.

| |
|--|
| Health & Safety Hazards (such as raised kerbs, etc)? |
| Risk of Aggression or Physical Assault? |
| Drugs/Alcohol? |
| Dogs? |
| Anything else? |

Once complete, please email this form to us at admin@restorativehub.org.uk, or post to:

The Restorative Hub
Central House Annexe
Gladstone Street
Darlington
DL3 6JX