

REFERRAL FORM COMMUNITY ORDERS & SUSPENDED SENTENCES ONLY

Please ensure this form is completed fully, or we will not be able to process the referral.

Referrer details:	
Full name:	Job Title:
Office Address:	Organisation:
E-mail:	Contact number:

For many of the men we work with, Switchback helps them discover what they want from life. The person you refer does not need to have a clear plan yet; they simply need the desire to take control and make positive changes. This is our starting point. Please talk through this referral with the individual you hope to refer as we know that support

Referral personal details:	
First Name:	Last Name:
Date of Birth:	Ethnicity:
Address:	London Borough:
Contact number:	N'Delius number:

from Switchback only works if the decision to engage has been made by that individual.

Has the person you have referred consented for Switchback to make contact? Please write yes/ no:	
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Switchback Eligibility:	Please 'X' for yes
18 – 30 years old	
No court cases within the next 4 months	
Living in London	
No outstanding immigration issues	
Is currently on a Community Order	
No previous or current convictions for terrorism or sexual offences	

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Please give details of any outstanding court cases, including court dates:	

Index offence information:	
Offence(s):	
Date of offence:	Order start date:
Order length:	Order end date:
Sentence Type (please list all the requirements of the persons order and any restrictions or prohibitions):	MAPPA level (if applicable)
Any history of previous offences - provide offence details, dates and sentencing outcomes:	
Any history of custodial sentences - provide offence details, dates and sentence length:	

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Risk Assessment:			<u>ONLY</u>
Risk:	Level of Risk: (L/M/H)	What factors increase this risk:	What can reduce this risk:
Physical & Mental Health:			
Verbal/Physical Aggression:			
Weapons:			
Drugs/Alcohol:			
Housing:			
Children/Family:			
Other: (Please Specify)			

Are they Neurodivergent? If so, please provide as much detail as possible.	
Do they have any gang affiliation or conflict? If so, please be provide details of gangs/conflict, include areas.	
Are they on Tag or under IOM? If so, please provide the details:	
Please list any medication this person may be using:	

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Are they currently in employment? If so, when would they be available for appointments	
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If the individual is subject to a Mental Health Treatment Order, Drug Rehabilitation Requirement, or Alcohol Treatment Requirement, please provide the following information:

- Details of the condition(s) being treated:
(Please include diagnosis if known, presenting needs, and any relevant history.)
- How the condition(s) may affect the individual's ability to engage with services:
(For example: attendance, concentration, emotional regulation, communication, stability, or decision-making.)
- Details of the provider delivering treatment or support:
(Please include service name, contact information, frequency of appointments, and key worker details.)
- Any additional information that would help us understand the individual's current level of stability and readiness to engage:
(For example: recent changes in presentation, compliance with treatment, or risk considerations.)

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What work has been completed with this individual since being sentenced? What has worked well and what has been less successful?

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Is there anything else we should know?

- How can we best support this individual? E.g. Any learning or communication needs? Please include.
- What are his strengths?
- What do you see as being a challenge for this person?
- Any other agencies they are working with?

Please confirm the individual understands that Switchback is voluntary and is willing to engage

Has the individual consented for Switchback to hold and share information with relevant agencies where necessary for safeguarding and service delivery

Please return this referral form via E-mail to: referrals.inbox@switchback.cjsm.net

Thank you for taking the time to complete this form.