



Good Shepherd Referral Form

Title		Full name	
DOB		Known as	
Marital status		Gender same as assigned at birth	YES / NO

- Married/in a civil partnership
- Co-habiting
- Divorced
- Widowed
- Single

- Male
- Female
- Gender neutral/no gender
- Prefer not to say

Immigration status	
Do you have a disability? (Please list)	

Contact number		Is it safe to leave messages?	YES / NO
Special instructions/other ways to make contact?			

Housing situation	
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Address			
Postcode		OK to receive letters?	YES / NO

Referral agency and details			
Employment/benefits received			

The Good Shepherd runs a confidential service. Any personal information is processed in compliance with the Data Protection Act 1998 and the General Data Protection Regulations (GDPR). With your consent we collect and store some of this information in order to assess your support needs. Your information is kept securely on Inform, a computer database which is compliant with GDPR regulations. Any paper based information is locked away and only accessible by staff that need access to provide you support services.

We will only keep your information for as long as is reasonable, in line with relevant regulations and contractual obligations to our regulators. Under the Data Protection Law, you have the right to access your personal data held by us, to request erasure of data and to correct any inaccuracies in that information. I give consent for Good Shepherd to process my personal data and liaise with the referring agency.

Signed Date



Good Shepherd Risk Assessment

1. Physical and Mental Health

No risk / Low / Medium / High

2. Drug and Alcohol use

No risk / Low / Medium / High

3. Risk to Self (self-harm, suicidal ideation, history of suicide attempts)

No risk / Low / Medium / High

4. Risk to Others (risk of violence, risk to children, domestic abuse)

No risk / Low / Medium / High