

# Spark2Life Referral Form

## Barking and Dagenham

### Ending Gang and Youth Violence (EGYV)

Criteria for Referral							
Please highlight which criteria applies to your client.							
<ul style="list-style-type: none"> <li>▪ Known group/gang offender (can be evidenced)</li> <li>▪ Known violent offender (violence linked to group/gang activity)</li> <li>▪ <u>Habitual</u> carrier of a weapon(s)</li> <li>▪ Convictions for violent offences</li> </ul>							
Referrer's Details							
Date of Referral:							
Agency:	Police	CRC	NPS	Social Care	DWP	Mental Health	Health
Name of Referrer:							
Telephone Number:				Email Address:			
Client's Details							
Name:							
Surname:							
Age:		Date of Birth:		Gender:	Male	Female	
First Language:				Religion:			
Home Address:							
Telephone (home):				Mobile:			
First Language:				Religion:			
Housing Provider:							
Immigration Status:							
Client Family Information							
Name	DoB	Relationship	Address (Please state if custodial)	Ethnicity	Disability	Gender	Victim/Offender (If applicable, specify gang association)
Offending History							
Offence	Order/Sentence	Conditions	Start Date	End Date			


**Other Professionals Working with Client**

Professional's Name	Agency	Professional's Role	Contact Info (Phone and email)

**Reason for Referral**

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**When completed please send to:**

**niall@spark2life.co.uk**