

## Fareham Partnership Action Group Referral Form

REFERRING AGENCY DETAILS
Date of referral:
Name of referrer:
Name of agency:
Email address:

REFERRAL DETAILS
Please ensure that you, as the referrer, or a representative (who has been appropriately briefed) is able to attend the meeting
Name:
Gender:
Disability:
Date of birth:
Address:
Housing/Tenancy Status (owner-occupier/Council/Housing Association/Homeless):
Parent/Guardian Name(s):
Siblings Name(s):
Employment/Education Status (in education/employed/unemployed):
Employment/Education Provider:

Current Support (please tick all that apply and add additional support)							
Supporting Families	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	Motiv8/Y Services	<input type="checkbox"/>	Mediation	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	ABC	<input type="checkbox"/>	Drugs/Alcohol	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Anger Management	<input type="checkbox"/>	SDAS	<input type="checkbox"/>	Restorative Justice	<input type="checkbox"/>		<input type="checkbox"/>

TYPE OF BEHAVIOUR
<ul style="list-style-type: none"> <li>Describe the type of behaviour experienced in the past three months including the frequency of behaviour and the effect on the victim and/or wider community</li> <li>Indicate who the victim is</li> <li>Are there any other family members known – parents/siblings?</li> <li>Identify what intervention/support is needed from PAG</li> </ul>

Is there a history or is there a current risk from any of the following? (please tick all that apply)							
Alcohol Addiction & misuse	<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Drug addiction & misuse	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Parental (Discipline)	<input type="checkbox"/>	Parental (Support)	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please check to see if this individual is or has ever been known to your organisation and if so please complete the report overleaf and ensure that it is returned to Community Safety ([communitysafety@fareham.gov.uk](mailto:communitysafety@fareham.gov.uk)) before the meeting date



SafetyNet Reference

## **PAG Information Report**

### **About your organisation:**

Name of individual referred to PAG:

Name of your organisation:

Name of Officer completing:

Job Title:

Email address:

Tel no:

### **About the individual:**

How long have you been working with the individual?

What type of intervention has been offered?

Was this intervention accepted?

What date did intervention commence and end?

Did the individual engage well?

Has the individual's behaviour improved or escalated?

Are any family members – parents/siblings known to your agency? If so please list names

### **Any other relevant information:**

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Please complete and return to Community Safety ([communitysafety@fareham.gov.uk](mailto:communitysafety@fareham.gov.uk)) before the meeting date

Please send a fully briefed representative to the PAG