

Referral form for new participants

Read before filling in this form: Please fill in the below alongside your client and ensure that you have their permission to share this information with us. We also ask that you password protect this form when you save it. Please send this form to referrals@makingitout.co.uk and the password via text to 07751541004. For a guide on how to password protect documents please [click here](#).

Referrer details

Agency/Organisation		Name of referring staff and service manager	
Email of referrer	Phone contact	Working days	
Relationship to participant		Length of time working with participant	

Participant details

Participant Name	Date of Birth	Ethnicity (feel free not to say)
Current address (and intended release/move on address)		
Reason for wanting to work with MIO	Any creative/making background	Long term aims of participant
Any offending history		Possible barriers to engagement (including health issues)
History of participant, please tick all those below that apply and give a brief detail		
<input type="checkbox"/> Homelessness <input type="checkbox"/> Prison time <input type="checkbox"/> Mental health issues <input type="checkbox"/> Substance misuse	<hr/> <hr/> <hr/> <hr/>	