## **Forces Intervention Programme - Self Referral Form**

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| **Date of referral** |  |

|  |  |
| --- | --- |
| **Support required** | |
| **Forces Intervention Programme for current Serving Personal & Veterans** |  |
| **Please provide additional information and reason for referral/current situation. Please comment on motivation to change and any known incidents.** | |

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| **FIP Service user information** | | | |
| **Full name** | |  | |
| **Date of birth** | |  | |
| **Address, including postcode** | |  | |
| **Is it safe to post information to the above address?** | | Yes / No / Unknown | |
| **Home number** | |  | |
| **Is it safe to leave a message on this phone?** | | Yes / No / Unknown | |
| **Mobile number** | |  | |
| **Is it safe to leave a message on this phone?** | | Yes / No / Unknown | |
| **Email address** | |  | |
| **Is this a safe method of contact?** | | Yes / No / Unknown | |
| **Preferred contact method** | | Home number Mobile number Email Post | |
| **Are there any specific safe times to make contact?** | |  | |
| **Diversity Information** | | | |
| Gender identity | |  | |
| Marital status | |  | |
| Ethnicity | |  | |
| Disability | |  | |
| Religion | |  | |
| Sexuality | |  | |
| Language (and dialect) | |  | |
| Is a translator required | | Yes / No | |
| **Vulnerabilities** | | | |
| Mental health | | | Yes / No |
| Substance/alcohol misuse | | | Yes / No |
| Learning difficulties | | | Yes / No |
| Physical health issues or disability | | | Yes / No |
| Self-harm or suicidal attempts (please provide additional information) | | | Yes / No |
| Criminal convictions | | | Yes / No |
| Are you subject to any protective orders (non-molestations) | | | Yes / No |
| Military involvement: | Current Forces Ex-Forces (veteran)  Partner Current Forces Partner Ex-Forces | | |

**Please return this form, completed, to spa@fearfree.org.uk**