



ROADS TO RECOVERY

Referral Form

To be completed by probation services, courts, VIA, police, or other approved referral partners.

⚠ IMPORTANT: Roads to Recovery cannot accept referrals for individuals with any sexual offences or offences involving children. This is a safeguarding requirement to protect participants, partner organisations, local businesses, and the public. It is the responsibility of the referring organisation to vet the individual's offence history before submitting this referral. Please do not refer anyone with these offence types.

1. Referrer Details

Name:	Organisation:
Role / Job Title:	Contact Number:
Email Address:	Date of Referral:

2. Client Details

Full Name:	Date of Birth:
Address:	
Telephone:	Email (if applicable):
Emergency Contact Name:	Emergency Contact Number:

3. Health and Background Information

Primary Reason for Referral (tick):

Probation Supervision / Licence Condition Court (Drug Rehabilitation Order) VIA / Recovery Support GP / Health Professional Referral Police / Crime Prevention Other: _____

Relevant Medical Conditions or Health Concerns:
Current Medication (if any):
Mental Health or Substance Misuse History (if relevant):



4. Risk and Safeguarding Information

Are there any known risks to staff or others? (e.g., violence, self-harm, safeguarding concerns)

Safeguarding Concerns Identified:

5. Client Consent

I consent to being referred to Roads to Recovery and for relevant information to be shared between my referrer and the service to support my participation.

Client Signature:	Date:
-------------------	-------

Referrer Signature:	Date:
---------------------	-------

6. Roads to Recovery Use Only

Date Referral Received:	Initial Contact Made:
-------------------------	-----------------------

Assessment Date:	Programme Agreed:
------------------	-------------------

Notes: