



## GAMBLING SERVICE REFERRAL FORM

Send referral to:  
info@al-hurraya.org

To comply with data policies and GDPR, please ensure this document is password protected.

Forename:

Surname:

D.O.B:

Male

Female

Email:

Contact Number:

Address:

Postcode:

Has Client consented to referral?

Yes

No

If under 16 years old, has the Parent / guardian consented to this referral?

Yes

No

Parents / Carers information if under 16 years:

### Referrer Information

Name:

Organisation:

Position:

Phone Number:

Email:

### Gambling Issues

Type of Gambling:

Duration of Gambling Issues:

Social/Personal Impacts:

**Secondary Presenting issues**

Drug / Alcohol use:

Knife Crime:

Gang involvement:

Other (including Radicalisation, ACE'S, Trauma and CSE / CCE)

Self-Harm:

Current?

Historical

Suicidal ideation:

Current?

Historical

Is Client accessing Mental Health Services? (**please provide further information**):

Is Client a Parent or do they have any Childcare responsibilities?

Safeguarding issues (**please provide further information**):

Are there any issues around Domestic Violence and Abuse? (**please provide further information**):

Is the DVA Current?

or hitorical?

Is the Client (person being referred) Perpetrator?

Victim?

Has a DASH-RIC been completed?

Has a MARAC referral been made?

Outcome?

Has a referral into Social Care been made?

Outcome?

Named Social Worker & Contact Information:

Reason for Referral into Al-Hurrayya:

**Cultural issues / needs:**

**Religious Needs:**

**Details of any learning needs or additional support required:**

***Any additional information?***

***AI- Hurraya OFFICE USE ONLY***

***Date referral Received:***

**Date contact made with Client:**

**Date and location of first appointment:**

**Name:**

**Designation:**

**Signature:**

**Date:**