



**Risk section continued**

Has the client any history of self-harm? **YES/NO**  
If yes provide details:

Does the client have a history of violent or aggressive behaviour, sexually inappropriate behaviour? **YES/NO**  
If yes, provide details **including dates** of incidents and convictions for violent or sexual offences:  
**Are they aware that we cannot accept referrals for anybody with a history of violent or sexual offences within the last 12 months.**

Does the client have a history of alcohol or substance misuse? **YES/NO** If yes provide details (i.e. frequency/ use):  
**Are they aware that we cannot allow anybody under the influence of drugs or alcohol to access The Sanctuary.**

Are there any other risks posed by or to the client? **YES/NO**  
If yes give details:

**Please use additional sheets if required.**

**Part 2 – to be completed with the client/referrer**

What would you like support with?

Are there any signs or triggers that indicate your mental health is deteriorating?

Are you currently experiencing suicidal thoughts? **YES/NO**

Do you have any cultural, religious or spiritual needs relevant to using the service?

Do you have any physical health needs relevant to using the service?

Do you agree to this referral? **YES/NO**

Do you have a care plan? **YES/NO**

Do you have somewhere to sleep tonight?  
**YES/NO**

Are you aware that the Sanctuary closes at 11:30pm?  
**YES/NO**

I consent to Mosaic Clubhouse staff collating and storing information about me and when appropriate, sharing keeping and receiving information with other key people providing me care service.

**Signature:**

**Date:**

Please be aware, we cannot process this application without all relevant sections being completed.