**Adult Pre-NRM Risk Assessment**

**Referrals cannot be accepted until risk assessment has been completed**

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| --- | --- | --- | --- |
| **Potential****victim name:** |  | **Name of referrer:** |  |
| **Date of birth:** |  | **Referral agency:** |  |
| **First language:** |  | **Contact number (please provide numbers for ongoing daily updates if the referrer will be going off shift or handing over to an out of hours service):** |  |
| **Interpreter required?** |  | **Has an NRM referral been completed?** Yes / No | NRMreference number (if known): |  |
| **Contact number:** |  | First responder details (if known): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Yes / No / N/K** | **If Yes – Provide brief details** | **Is referrer: recipient, other agency, potential victim taking any actions to mitigate this risk?** (if so, what actions?) |
| Person is at risk of violence |  |  |  |
| Person is dependent on drugs or alcohol (please note this will mean alternative accommodation isrequired.) |  |  |  |
| Person has known mental health difficulties and/or learning difficulties |  |  |  |
| Person has physical disabilities and/or injuries that require adjustments |  | *If known, provide details of the adjustments that need to be made* |  |
| Person may harm themselves (self- harm) |  |  |  |
| Person may be hostile/aggressive towards others |  |  |  |
| Person may go missing |  |  |  |
| Person may be re-trafficked |  |  |  |
| Person does not engage/cooperate |  |  |  |
| Person has known medical conditions or care and support needs |  |  |  |
| Person is pregnant |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person has been prescribed medication |  | *If known, provide details of who is responsible for making arrangements for any collection,**administration etc.* |  |
| Person has allergies and/or specific dietary requirements (for health,religious or cultural reasons) |  |  |  |
| Person using their own mobile phone or being provided with one by Your Space |  |  |  |
| Person is at risk in a particular location |  |  |  |
| Suitability of accommodation (either accommodation provider or other depending on the risks identifiedabove) |  |  |  |
| Transport to accommodation is required. Any known risks which needto be considered in providing this? |  |  |  |
| Hotel/B&B Minimum Standards |  |  |  |

Contact for Rebuild East Midlands between 9am and 4pm Monday to Friday on 07392808943

Referrals after this time can be made with prior agreement.