

**LIAISON AND DIVERSION All Age Service, Guidance Notes**

**The Criteria for the all age Service is anyone suspected of**

***Mental Health issues, a Learning Difficulty, Substance Misuse or any other Vulnerability.***

|  |
| --- |
| Office use only |
| **Allocate to** |  |
| **ECase** |  |
| **Scanned/Adult Allocation** |  |

***Team Manager:* Nicola Tutty**

***Liaison and Diversion office – 01484 436673***

***Email:* (secure) -** **kirkleesliaisonanddiversion@wakefield.gov.uk**

**Info for feedback**

Reason for closure ……………………………………………

Contactable (notes) …………………………………………..

**ADULTS**

**PNC**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **DATE OF BIRTH:** | **AGE:** |
| **MALE/FEMALE:** | **TRANSGENDER: YES/NO** | **ETHNICITY:** |
| **RELIGION:** | **GP YES/NO** |
| **\*ADDRESS:** |  |
| **POSTCODE:** |  |
| **\*PLEASE COMPLETE ADDRESS AND/OR TEL. NO./ EMAIL ADDRESS IN ORDER FOR US TO MAKE CONTACT**  |
| **\*TEL NO.** **\*MOBILE NO.****\*EMAIL ADDRESS** |  |
| **ARMED SERVICES VETERAN (inc Reserve Forces)** | * **No prior service**
* **Serving (regular, reserve)**
* **Left/ discharged within the last 12 months**
* **Past service (regular/reserve)**
* **Left/discharged within last 5 years**
 |
| **REASON FOR REFERRAL:** |  |
| **OFFENCE** |  |
| **PNC Number** | **(Please Make Sure PNC Not Custody Number)** |
| **NHS Number** | **(Please Complete From System 1)** |

|  |  |
| --- | --- |
| **REFERRED BY:** |  |
| **TIME & DATE OF REFERRAL** |  |
| **PLEASE MAKE SURE THE CONSENT FORM ON THE BACK IS SIGNED BY THE CLIENT** |

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**LIAISON AND DIVERSION** – Consent to obtain and share information

To help us manage your case in the best way you must agree for the Liaison and Diversion Service to share

Information about you with other agencies and gather information from the relevant agency for purpose of

providing you with support.
 This may be with:

|  |  |
| --- | --- |
|  | Her Majesty’s Court & Tribunal Service (HMCTS) |
|  | The Crown Prosecution Service (CPS) |  | The Prison Service |
|  | The Police |  |  |
|  | Your Solicitor…………………………………………………………………………………………............................. |
|  | National Probation Service (NPS)……………………………………………………………………………............ |
|  | Community Rehabilitation Company (CRC)…………………………………………………………………………. |
|  | Your Doctor……………………………………………………………………………………………………………………….. |
|  | Healthcare Workers…………………………………………………………………………………………………………… |
|  | Drug and Alcohol Workers…………………………………………………………………………………………………. |
|  | Adult and Children’s Social Care…………………………………………………………………………………………. |
|  | Other……………………………………………………………………………………………………………………………….... |
|  | Other……………………………………………………………………………………………………………………………….... |
|  | Other……………………………………………………………………………………………………………………………….... |

If we need to do this we will talk to you about it first.

If you do not let us do this, then they may not be able to help you.

Sometimes in special cases we have to give information to other agencies without you agreeing to it but if we

have to do this we will try to speak to you about it.

This may be if we have to:-

* Protect children from harm
* Protect adults from harm
* Stop or uncover serious crime
* If the courts say we must
* Help in a life threatening situation

I understand that All Age Liaison and Diversion Team will share my personal information with NHS England and

other government departments.

It has been explained to me that this will be done confidentially and that the information will be used solely

for the purposes of matching with other datasets for the purpose of service planning and evaluation.

This is so we can make sure we give people the best help in the right way.

I give my consent to my personal information being shared with NHS England, Ministry of Justice, NHS Digital

and Public Health England and to any of the other people on this form

Client name……………………………………………………………………………………………………………………………............

Signed (client)………………………………………………………………………………….. Date………………………………..