



External Client Reset Referral Form Kenward

Trust

Client Name		Prison or Probation Hostel Details	
Today's Date			
Prison ID (if Applicable)		Release Date	
		Release Date	
Date Of Birth		Client Mobile Number	
NI Number		Area to be resettled	
Referrer Name		Email Details	
		Telephone Number	
Next of Kin		Their Telephone Number	
Relationship			
Consent to contact	Yes	No	
Conviction		Sentence Term	

Housing History for past five years. (Please state reason if asked to leave accommodation?)

Resettlement Support (please update us with what support the client is receiving from the prison)

Support Issues – Please tick the main three that apply

Accommodation	<input type="checkbox"/>	Education, Training	<input type="checkbox"/>	Employment	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	Benefits	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Drugs and Alcohol	<input type="checkbox"/>	Finance and debt	<input type="checkbox"/>	Other	<input type="checkbox"/>
Attitudes, thinking & behaviour	<input type="checkbox"/>	Children and Families	<input type="checkbox"/>		
Details of Support Issues – Please Include: Agencies Linked in with, Benefits/ Income Received, details of Substance Misuse, Medical Conditions & Medication					

Name of Worker	Name of Agency	Contact Details

Offending Information			
Date	Charge	Location	Outcome
Have you ever been convicted of a schedule one offence?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any pending court cases?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide Name & Contact Details of Probation/YOT Worker below:			

Disclosure
I agree that the information contained in the referral form is true and accurate and I consent to it being used as part

Equality Monitoring Form

of the Reset Referral process.			
Signed (Applicant)		Date	
Authorisation of Consent			
Name			
Date of Birth			
I authorise a representative of Reset to have access to any copies of all Risk Assessment information, support plans and any other paperwork relevant to my continuing support needs.			
I also authorise a representative of Reset to discuss any issues, and act on my behalf, regarding my benefits, Housing Benefit and Support Needs			
Signed (Applicant)		Date	

Ethnicity: Please indicate your ethnic origin:

White	British		Mixed multi ethnic	White & Black Caribbean	
	Irish			White & Black African	
	Polish			White & Asian	
	Lithuanian			Arab	
	Other, please state			Other, please state	
Asian or Asian British	Indian		Chinese or other ethnic groups	Chinese	
	Pakistani			Philippine	
	Bangladeshi			Vietnamese	
	Nepali			Thai	
	Other, please state			Other, please state	
Black	Caribbean		Gypsy & Traveler	Irish	
	African			Romany	
	British			Other, please state	
	Other, please state				
Any other ethnic or nationality background not listed, please state					

What is your religion or belief?

None		Christianity		Judaism		Buddhism	
Islam		Hinduism		Sikhism		Other	



What is your gender identity?

Male		Female		Transgender	
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What is your sexual orientation?

Heterosexual		Bisexual	
Gay		Lesbian	
Transsexual		Other	

Please return the referral form and Equalities Monitoring Form to the **Reset Manager**, via one of the following methods.

All referrals will be confirmed as received on receipt.

Post – Kenward Trust, Kenward Road, Yalding, ME18 6AH

Email – reset@kenwardtrust.org.uk

Eligibility Criteria: To be referred into the Reset service clients must be

- Aged 18 or over.
- Have a desire to be resettled within Kent or Medway
- Have a release date of no more than 8 weeks from date of referral
- Be currently residing in HMP Elmley, HMP Stanford Hill, HMP East Sutton Park, HMP Maidstone or HMP Swaleside.