

**FLAX FOYER EXTERNAL SAFETY PLAN**

(To be sent to referral agent for completion)

<b>Client's Name:</b>		<b>Date of Birth:</b>	
<b>Referral Agent Name:</b>		<b>Referral Organisation:</b>	
<b>Length of contact with Client:</b>		<b>Will you remain in contact with client:</b>	

Area	Yes	No	Risk to Self	Risk to Others	Risk from others
Alcohol					
Substance mis-use					
Emotional/Mental Health Issues (Self-harm)					
Physical Health Issues					
Criminal Activity					
Vulnerability					
Managing Money					
Managing Accommodation					
Isolation/lack of social involvement					
Aggression/intimidating behaviour/verbal abuse					
Lone Working considered unsafe					
Violence					
Schedule One Offence					
Arson					
Other (Please State)					

**If you have ticked yes to any question please describe behaviour/incidents in detail. Please also describe any work your organisation has carried out with this client that relates to risk.**

**If any areas detailed indicate a risk, what are the trigger factors?**

**Has the client engaged with any other agencies?**

**Criminal activity (please give a full description of offences and outcomes i.e. Bail, PBNI, Sentences received)**

**Please supply any other information you feel relevant to assist in the assessment of your client's application**

**Thank you for taking the time to complete this assessment.**