Complete this referral form and send to the following email address:

**refer@brakereferrals.cjsm.net**

|  |
| --- |
| Incident number: |

**Summary of the Incident (including location)**

|  |
| --- |
|  |

**Police Force:** Click and choose a Police Force

**Coronial jurisdiction:**

**Coroner’s office tel number:**

**Incident Date:** Click here to enter a date

**Date of Death/Injury:** Click here to enter a date

**Date Reported to Police:** Click here to enter a date

**Date Investigation Started:** Click here to enter a date

**Investigation Status:** Investigation On-Going

If Other specify:

**Family Liaison Officer Details (if more than one FLO please include all)**

|  |  |
| --- | --- |
| Name | Insert name (s) |
| Rank | Insert police rank (s) |
| Contact Telephone | Insert phone number plus extension (s) |
| Contact Email | Insert email (s) |
| Collar Number | Insert collar number (s) |

**Senior Investigating Officer Details**

|  |  |
| --- | --- |
| Name | Insert name |
| Rank | Insert police rank |
| Contact Telephone | Insert phone number plus extension |
| Contact Email | Insert email |
| Collar Number | Insert collar number |

**Details of the Deceased/ Injured Person**

|  |  |
| --- | --- |
| Full Name | Insert name |
| Date of Birth | Click here to enter date of birth |
| Cause of Death/Injury *( if known)* – Please specifies injuries if known  |  |
| Gender | Choose an item. |
| Ethnicity | Insert ethnicity |
| Nationality | Insert nationality |
| Deceased’s Address | Insert Address |
|  |  |

**Has consent specifically been given by the person being referred, to allow contact by the Brake Caseworker?**

Yes [ ]  No [ ]

If No, please click here and provide brief details why there was no consent (i.e. No next of kin, bereaved have enough support etc.)

**Consent to Contact**

If Yes above, please provide details of all the persons that **have consented** to being contacted by the Brake Caseworker

|  |  |
| --- | --- |
| Full Name | Insert name |
| Date of Birth | Click here to enter date of birth |
| Address | Insert address |
| Relation to deceased | Insert relationship |
|  Contact No./Email | Insert contact number |

|  |  |
| --- | --- |
| Full Name | Insert name |
| Date of Birth | Click here to enter date of birth |
| Address | Insert address |
| Relation to deceased | Insert relationship |
| Contact No./ Email | Insert contact number |

|  |  |
| --- | --- |
| Full Name | Insert name |
| Date of Birth | Click here to enter date of birth |
| Address | Insert address |
| Relation to deceased | Insert relationship |
| Contact no/ Email. | Insert contact number |

|  |  |
| --- | --- |
| Full Name | Insert name |
| Date of Birth | Click here to enter date of birth |
| Address | Insert address |
| Relation to deceased | Insert relationship |
| Contact No./ Email | Insert contact number |

Please also provide any background information which may be useful to the Brake Caseworker. Such as issues within the family, safeguarding concerns, court/inquest dates, financial situation etc.

**Police Only:**

The Brake Caseworker who attends the address will be a lone worker.

In the interest of Health and Safety, following you undertaking a risk assessment of the individual (s) and the address (es), please confirm, in your opinion, that our caseworker is safe to conduct a lone worker visit.

Yes [ ]  No [ ]
Please use the box below to provide any other information which may assist in informing a thorough risk assessment. EG: animals on premises, parking availability, any environmental risks in the vicinity, client known to police or others who may visit/frequent the premises, known mental health issues, substance abuse etc.