

FLAX FOYER EXTERNAL SAFETY PLAN

(To be sent to referral agent for completion)

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

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.