

# SCT Recovery Hub Training and Development Centre Referral Form

Name of Applicant

Referral Date



# Introduction

## About SCT

Spitalfields Crypt Trust (SCT) runs a **Training and Development Centre** for people in recovery from drug and alcohol addiction. The aim is for students to take on life-changing training to support their long-term recovery and help them find positive activities and structure.

Within the Training and Development Centre we run the **Progression** programme focusing on helping service user's and students progress into volunteering, education, training and employment.

Finally, we run a recovery community programme called **Choices**. This is a bi-weekly programme led by the community and includes social evenings, food, games, group therapy and film evenings.

Many students are welcomed into the Training and Development community straight from rehab. Throughout their time with us, students can also receive regular counselling to support their recovery.

## Overview of services offered

The centre runs four terms a year that last 11 weeks each. We have morning and afternoon classes running throughout the week. More information on our courses can be found

on our Training and Development Centre timetable. Our Progression programme focuses on helping people to progress on the path towards volunteering, education, training and employment.

In respect to volunteering, we offer opportunities both internal and external. Within SCT's services, we offer volunteering placement in both of our social enterprises; Restoration Station, a furniture upcycling workshop and commercial shop, and Paper & Cup, our bookshop café. In addition, we offer work experience across our 7 charity shops. We believe, and experience shows us, that being able to offer volunteering "in-house" in this way provides a holding for our service-users, enabling them to take the first step towards volunteering and employment in their progression journey, in an environment where they feel safe enough to make the mistakes necessary for learning.

We also recognise however that, as people progress further, it is beneficial for them to begin exploring opportunities outside of SCT's services. For this reason, we have strong relationships with many local charities, volunteering opportunities and organisations, with which we can connect our service-users with for volunteering and employability programmes.

# Eligibility

## Who is it for?

Admission is for people with a history of alcohol and or drug abuse who:

- Are living in the community and have been abstinent for at least 2 months
- Are returning from detox or rehab and have been abstinent for at least 2 months.
- Are looking to fill their time with positive activities to support their recovery.
- Are over 18 years old
- Are housed in stable accommodation.

Applicants will, in general, be expected to meet all the above criteria.

## Expectations

The Training and Development Centre is fully abstinence based, so students attending the project must not use alcohol or any drug that has not been prescribed. Students are expected to actively participate, co-operate and apply themselves to the classes they attend.

Students are expected to treat everyone at the project staff, volunteers, fellow students and visitors with respect and kindness.

## Referrals

Please complete the referral form below and return to [trainingdevelopment@sct.org.uk](mailto:trainingdevelopment@sct.org.uk)

We ask that each referral made by professional agencies are accompanied by a risk assessment. Please attach a copy with your referral.

Is the applicant aware of what is offered at SCT and what they will be signing up to do?

Yes  No

# Main Referral Form

## Personal Details

First name

Surname

Age

Date of birth

**Gender** *(please tick)*

- Male  Female  Transgender  
 Non-binary  Other

Any other, please write in:

**Ethnic Origin** *(please tick)*

**White**

- English  Welsh  Scottish  
 Northern Irish  Irish  British  
 Gypsy or Irish Traveller  
 Prefer not to say

Any other white background, please write in:

**Mixed/Multiple Ethnic Groups**

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Prefer not to say

Any other mixed background, please write in:

**Asian/Asian British**

- Indian  Pakistani  
 Chinese  Bangladeshi  
 Prefer not to say

Any other Asian background, please write in:

**Black/African/Caribbean/Black British**

- African  Caribbean  
 Prefer not to say

Any other Black/African/Caribbean background, please write in:

**Other Ethnic Group**

- Arab  Prefer not to say

Any other ethnic background, please write in:

**Nationality**

**Faith**

- No religion or belief  Buddhist  
 Christian  Hindu  Jewish  
 Muslim  Sikh  Prefer not to say

If other religion or belief, please write in:

**Sexual orientation**

- Heterosexual  Gay  Lesbian  
 Bisexual  Prefer not to say

If you prefer to use your own term, please specify here:

**Accommodation Details**

**What type of accommodation do you have?**

*(please tick)*

- Bed and Breakfast  
 Boat  
 Council  
 Home owner  
 Hostel  
 Housing Association  
 Living with family  
 Living with friends  
 Night shelter  
 Private rented sector  
 Squatting  
 Sleeping on the street  
 Supported  
 Housing

Other:

**How long have you had this accommodation?**

**Do you have a history of homelessness?**  Yes  No

**Chain number** (if applicable)

If you are sleeping rough, please provide alternative ways of contacting you.

**Contact Details**

**Address** (if no fixed abode, please state)

**Borough**

**Postcode**

**Telephone**

**Mobile**

**Email**

**Emergency Contact**

**Who is your emergency contact?**

**What is their relationship to you?**

**What is their address?**

**What is their contact telephone number?**

# Student's Background

## Background Information

Please include information on the student's drug and alcohol history, mental health, housing history or other relevant support needs.

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# Training and Development Goals

## Areas of Interest

Please identify specific areas of interest below or additional Education, training and employment goals for the student:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Working with Woodwork | <input type="checkbox"/> Music              | <input type="checkbox"/> Gardening                          |
| <input type="checkbox"/> Creative Writing      | <input type="checkbox"/> Drama              | <input type="checkbox"/> Progression (One-to-One Education) |
| <input type="checkbox"/> Art                   | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Training and Employment Support    |
|  |   | <input type="checkbox"/> Choices (Recovery Community)       |

Other:

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Is the student aware this referral has been made to SCT?  Yes  No

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# Risk Assessment

**IMPORTANT:** This section must be completed by a referral agency. Please use the following definitions to answer the questions:

<b>NONE</b>	No incidents
<b>LOW</b>	Isolated or occasional incidents of non-significance or a low potential of incidents occurring or recurring
<b>MEDIUM</b>	Regular incidents
<b>HIGH</b>	Likely, severe or significant incidents

**A) Does the applicant have a history / is there a risk of any of the following violent offences / incidents to others / themselves:**

Category	NONE	LOW	MEDIUM	HIGH	If identified, please comment
Physical violence					
Psychological abuse					
Sexual abuse					
Domestic abuse					
Racial abuse					
Verbal abuse					
Damage to property/Arson					

**C) Is there history of or a risk of any of the following?**

Category	NONE	LOW	MEDIUM	HIGH	If identified, please comment
Suicide or self-harm					
Accidental overdose					
Abuse to others					
Vulnerability – abuse from others					
Mental health					
Offending					
Financial abuse					

**D) Please describe any potential triggers and who will be at risk:**



**D) Please describe any potential triggers and who will be at risk (continued):**

**E) Further information:**

Please state how long you have known the applicant?	
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Has the applicant ever been refused support? If yes, please state why?	
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Please provide any other relevant information	
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How did you/the applicant find out about SCT and our services?	<input type="checkbox"/> Website search <input type="checkbox"/> SCT website <input type="checkbox"/> SCT email <input type="checkbox"/> Colleague <input type="checkbox"/> Twitter <input type="checkbox"/> Yes <input type="checkbox"/> Friend/Family <input type="checkbox"/> Press <input type="checkbox"/> Facebook <input type="checkbox"/> Other ( <i>please state</i> )			

I confirm that the information contained in this document is true and accurate to the best of my knowledge and includes all relevant information required to assess my referral correctly

**Applicant**

**Signed**

**Name Printed**

**Date**

**Referral Agency**

**Signed**

**Name Printed**

**Date**

# Notes

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[sct.org.uk](http://sct.org.uk)

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