**FORWARD Advice & Support SELF-REFERRAL FORM**

***Please tell us about yourself…..***

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| **DATE AND TIME:** | **REFERRAL RECEIVED BY (Staff name):** |

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| **NAME OF REFERRER/ AGENCY:**  |
| **Email:** | **Telephone:** |
| **CLIENT DETAILS** |
| **Full Name:**  | **Date of Birth :** |
| **Address:** | **Phone Number:**Is it safe to leave a voice message? Yes[ ]  No[ ]   |
| **Borough:** | **Email:** |
| **Country of birth –** **Is an interpreter needed?**  Yes[ ]  No[ ]  *If yes, which language?* | **GP details:****Is your GP aware of your referral?**  Yes[ ]  No[ ]    |

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| **Other information:** |
| **Have you had counselling before?****Yes** [ ]  **No**[ ]  **If Yes, how many sessions did you have?**0 – 6 sessions [ ]  7 - 12 sessions [ ] 13 or more sessions [ ]  | **Recourse to public funds?** *(Are you able to receive benefits or public funding?)* Yes[ ]  No[ ]   |
| **Are you currently working?** Yes[ ]  No[ ]  | **If yes, please specify …**Full-time [ ]  Part-time [ ]  Zero hours contract [ ]  |
| **Immigration Status:**  |
| Asylum Seeker [ ] British/EU Citizen[ ]  | Exceptional Leave[ ]  Indefinite Leave to Remain[ ]  | Spouse/family visa[ ] Refugee Status[ ]  | Other status [ ] Prefer not to say [ ]  |
| **Support Needed** |
| 1:1 emotional support [ ] Counselling [ ]  | FGM clinic referral [ ] Legal Advice clinic [ ]   | One off advice [ ] Professional Advice [ ]  | Psychosocial Educational session [ ] Other [ ]  |
| *Please continue to the next page……………* |

**Assessing Risk and Support Needs**

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| **Assessing Risk** |
| **Do you currently feel you are a risk to yourself or others?** Yes [ ]  No [ ]  | **Do you currently feel you are at risk from others?** Yes [ ]  No [ ]  |
| *If yes, please give details* |
| **Do you have any children under 18?***) (please state brief details incl. number of children, date and gender of child*  |
| **Have you experienced any of the following?** |
| Domestic Violence [ ] Female Genital Mutilation (FGM/ C)[ ] Forced Marriage[ ]  | Honour Based Abuse[ ] Sexual Abuse [ ] Other forms of abuse[ ]  |

**Brief History** *(Please provide some information about your current situation and what support you will need)*

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| (Explore health issues related to physical and emotional wellbeing) |
|  |
| **Have** **you received, or are you currently receiving any treatment/support for this problem?**  *(including medication or support for wellbeing)* Yes [ ]  No [ ] *If yes, please give details (e.g. what when and how long)* |
| **Any other comments:**  |
| **Do you give consent for FORWARD to keep your information?** Yes [ ]  No [x]  |

**Thank you for completing the self-referral form, please hand it to a member of FORWARD support staff or email it to** **support@forwarduk.org.uk****. FORWARD complies with GDPR regulations. Your details are confidential and will not be shared without your consent except where there is a risk of serious harm to yourself or someone else. If a child is at immediate risk of FGM please call 999 or the NSPCC national FGM helpline 0800 028 3550.**