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

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

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

|  |  |
| --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

**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**](mailto: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.**