**FORWARD Advice & Support REFERRAL FORM**

***We are now accepting referrals to support BME women affected by any form of harmful practices including FGM, so-called ‘honour’ based abuse, forced marriage, coercive control and domestic abuse cases in a culturally appropriate, non-judgemental and safe way.***

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| **FORWARD REFERRAL RECEIVED BY (Staff name):** | | | | | |
| **DATE AND TIME:** | | | | | |
| **REFERRER/ AGENCY:** | | | | | |
| **Name:** | | | | | |
| **Email:** | | | | **Telephone:** | |
| **Do you give *(have)* consent to share your *(client’s)* information with FORWARD?** Yes  No | | | | | |
| **CLIENT INFORMATION** | | | | | |
| **Full Name:** | | **Date of Birth:** | | | |
| **E-mail:** | | **Phone Number:**  Is it safe to leave a voice message? Yes No | | | |
| **Address:** | | **Borough/District:** | | | |
| **Cultural background/ Country of origin:** | | **Is an interpreter needed?**  Yes No  **If yes, which language?** | | | |
| **Religion:** | | **Sexual orientation:** | | | |
| **Marital status:** | | **Disability or health needs:** | | | |
| **Age of Spouse/Partner:** | | **Are you currently working?**  Yes No  **If yes, please specify:**  Full-time  Part-time  Zero hours contract  **What is your preferred time to be contacted?**  Weekday AM 10-12  PM 1-5pm | | | |
| **Recourse to public funds?** *(Are you able to receive benefits or public funding?)*    Yes No | |
| **Immigration Status:** | |  | | | |
| Asylum Seeker  British/EU Citizen | Exceptional Leave Indefinite Leave to Remain | Spouse/family visa  Refugee Status | | | Other status  Prefer not to say |
| **Does your client have access to the following?** | | | | | |
| Smart phone, laptop, computer or tablet | Mobile Data  WIFI connection | Microphone/ speaker/ headphones | | | Private space to access the session |
| **Assessing Risk** | | | | | |
| **Does your client feel like they might harm themself or someone else?** Yes  No | | | **Does your client feel that someone else might harm them?** Yes  No | | |
| *If yes, please give details Ex Partner/Family member/Other* | | | | | |
| **Any children under 18?** (Please state brief details incl. number of children, D.O.B & gender*)* | | | | | |
| **Have they been affected by any of the following?** | | | | | |
| Female Genital Mutilation (FGM/ C)  Forced Marriage  Abuse linked to faith/belief  So called *‘Honour’* Based Abuse | | | Modern Day Slavery  Domestic Violence (incl. financial, emotional, physical)  Sexual Abuse  Other forms of abuse | | |
| *Please continue to the next section……* | | |  | | |

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| **Brief Case History** | | | |
| (Please provide details about their current situation, any supporting organisations involved in this case and what support they will need). | | | |
| **Are there any other safety considerations we should be aware of when contacting the client?** | | | |
| **Support Needs** | | | |
| 1:1 emotional support  Counselling | FGM clinic referral  Legal Advice clinic | One off advice  Professional Advice | Psychosocial Educational session  Other |
| ***Other information*** *(only complete whichever applies):* | | | |
| **FOR EMOTIONAL SUPPORT & COUNSELLING** | | | |
| **Have they had counselling before?**  Yes  No  **If yes, how many sessions did they have?**  0-6 sessions  7-12 sessions  13 or more sessions  Not sure | | | |
| **FOR LEGAL ADVICE CLINIC** | | | |
| **Do they currently have a solicitor representing their case?**  Yes  No  **Are they entitled to legal aid?**  Yes  No | | | |
| **FOR PSYCHOSOCIAL EDUCATIONAL CASES** | | | |
| **Is an FGM protection order in place?** Yes  No  Pending court hearing  **When is the final court hearing?** | | | |
| **FOR FGM CLINIC REFERRAL** | | | |
| **GP details:**  **Is their GP aware of your referral?**  Yes  No | | | |

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| **FORWARD OFFICE ONLY** |  |
| **Date and Time of first assessment:** | **Staff Name:** |

Thank you for completing the-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.** If there is an immediate risk to domestic abuse please call the police or the **National Domestic Abuse Helpline** **0808 2000 247.**