**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****.** 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.**