|  |  |
| --- | --- |
| Referral date |  |
| Agency name/borough |  |
| Referrer name/job title |  |
| Referrer contact email |  |
| Referrer contact telephone number |  |
| Referrer relationship to client |  |
|  |
| **Please note that we cannot accept referrals without client knowledge and consent.** |
| Is the client aware of the referral? | Yes  |[ ]  No |[ ]

|  |
| --- |
| **Client Contact Details** |
| Full name |  |
| Date of birth |  | Age |  |
| Contact number |  |
| Email address |  |
| Address |   |
| Has client access to public funds?  | Yes: No:  |

|  |  |
| --- | --- |
| Perpetrator’s details  |  |
| Full name  |  |
| Date of birth  |  |
| Address if different from survivor’s address |  |

|  |
| --- |
| **Is it safe to...** |
| Send post? | Yes |[ ]  No |[ ]
| Send emails? | Yes |[ ]  No |[ ]
| Send texts? | Yes |[ ]  No |[ ]
| Send instant messages on mobile? | Yes |[ ]  No |[ ]
| Leave voicemails/answerphone messages? | Yes |[ ]  No |[ ]
| Are there any other safety considerations we should be aware of when contacting the client i.e. does she live with the perpetrator? |  |

|  |  |
| --- | --- |
| **How did you hear about our service?** |  |

|  |
| --- |
| **Presenting Issues/Incidents (please tick all that apply)** |
|[ ]  Childhood sexual abuse |[ ]  Rape - over 12 months ago |
|[ ]  Childhood sexual exploitation (CSE) |[ ]  Rape - within last 12 months |
|[ ]  Domestic violence  |[ ]  Sexual assault |
|[ ]  FGM (or ‘cutting’) violence |[ ]  Sexual bullying from peers (i.e. school) |
|[ ]  Forced marriage  |[ ]  Sexual exploitation (adult) |
|[ ]  Gang-related sexual  |[ ]  Sexual harassment |
|[ ]  ‘Honour’-based violence  |[ ]  Stalking |
|[ ]  Prostitution  |[ ]  Trafficked into domestic servitude |
|[ ]  Rape - gang/multi-perpetrator |[ ]  Trafficked into sexual exploitation |

|  |
| --- |
| **Ethnic Background** |
|[ ]  Asian Bangladeshi |[ ]  Black African |[ ]  Latin American Black & indigenous |
|[ ]  Asian British |[ ]  Black British |[ ]  Latin American Black & indigenous & White  |
|[ ]  Asian Pakistani |[ ]  Black Caribbean |[ ]  Middle Eastern |
|[ ]  Asian Indian |[ ]  Black Other |[ ]  White British |
|[ ]  Asian Other |[ ]  Irish  |[ ]  White European |
|[ ]  Chinese |[ ]  Latin American |[ ]  Traveller/Roma |
|[ ]  Other (please specify):  |
|[ ]  Client prefers not to disclose |

|  |
| --- |
| **Disabilities** |
|[ ]  Visual |[ ]  Hearing |
|[ ]  Learning/cognitive difficulty |[ ]  Mental health |
|[ ]  Mobility difficulty |[ ]  Long-term illness |
|[ ]  Other (please specify): |
|[ ]  No disability |
|[ ]  Client prefers not to disclose |

|  |
| --- |
| **Religion/Beliefs** |
|[ ]  Agnostic |[ ]  Atheist  |[ ]  Buddhist  |
|[ ]  Christian |[ ]  Hindu  |[ ]  Humanist  |
|[ ]  Jain |[ ]  Jewish |[ ]  Muslim  |
|[ ]  Rastafarian |[ ]  Sikh |[ ]  Zoroastrian |
|[ ]  Other (please specify):  |
|[ ]  None/no religion |
|[ ]  Client prefers not to disclose |

|  |
| --- |
| **Employment Status** |
|[ ]  Employed full-time  |[ ]  Employed part-time  |
|[ ]  Self-employed full-time |[ ]  Self-employed part-time |
|[ ]  Student full-time |[ ]  Student part-time |
|[ ]  Unemployed  |[ ]  Receiving disability benefits |
|[ ]  Carer |[ ]  House worker |
|[ ]  Retired |[ ]  No recourse to public funds (NRPF) |
|[ ]  Client prefers not to disclose |

|  |
| --- |
| **Maternity/Caring Responsibilities** |
| Is the client pregnant? | Yes |[ ]  No |[ ]
| If yes, when is the baby due? |
| Does the client have any children? | Yes |[ ]  No |[ ]
| If yes, please give their ages.  |

|  |  |  |
| --- | --- | --- |
| Does the client have any caring responsibilities **other** than children? | Yes |[ ]  No |[ ]

|  |
| --- |
| **Sexual Orientation** |
|[ ]  Bisexual |[ ]  Heterosexual |[ ]  Lesbian |
|[ ]  Client unsure |[ ]  Queer |[ ]  Other |
|[ ]  Client prefers not to disclose |

|  |
| --- |
| **Relationship Status** |
|[ ]  Married |[ ]  In a relationship/cohabiting |[ ]  Civil partnership |
|[ ]  Single |[ ]  Divorced/separated |[ ]  Widowed |
|[ ]  Client prefers not to disclose |

|  |  |  |
| --- | --- | --- |
| **Does the client identify as transgender?** | Yes |[ ]  No |[ ]
| Client prefers not to disclose |

|  |
| --- |
| **Please briefly detail the client’s experiences/presenting issues/issues and concerns, including details of her involvement with your agency.** Please note that if this section is left blank referrals will be returned. |
|  |

|  |  |  |
| --- | --- | --- |
| **Do you know of any safeguarding issues?** | Yes |[ ]  No |[ ]
| If yes, please give details, including your agency’s involvement/interventions. |
|  |

|  |  |  |
| --- | --- | --- |
| **Do you know of any risk issues?** | Yes |[ ]  No |[ ]
| If yes, please give details, including your agency’s involvement/interventions. |
|  |

Completed referrals should be sent to **referrals@lawadv.org.uk**