**Ashiana Referral Form**



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| **Consent** |

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| **Client ID** |  |

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| **Date of referral** |  |

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| **All sections must be fully completed in order for referral to be considered, please state N/A where relevant** |
| **Ashiana Network**  **Suite 204, 1st Floor**  **750-760 High Road, Leytonstone**  **London E11 3BB**  **Tel: 020 8539 0427**  **E: counselling@ashiana.org.uk** |

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| **Referral Information-Referral Source** | | | |
| **Date:** | | **Name of Professional referring client:** | |
| **Organisation:** | | | |
| **Relationship to client:** | | | |
| **Address:** | | | |
| **Email:** | | | **Contact number:** |
| **Face-to-face counselling or Remote sessions (tele/online):** Please state which is preferred | | | |

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| **Referral Information-Details** |

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| **Title** | Miss | | | | Ms | | Mrs | | | | Prefer not to say | | | | | | | | | | **Preferred Name** | | | | | | | Enter name. | |
| **First Name** | |  | | | | | | | | | | | **Surname** | | | | | | | | | |  | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Post Code** | | | |  | | |
| **Information of current address** | | | | | | | | | Select Option | | | | | | | | | | | | | | | | | | | | |
| **Information of current address** | | | | | | | | | Other-Enter current address details | | | | | | | | | | | | | | | | | | | | |
| **Are you currently in any rent arrears?** | | | | | | | | | | | | Yes | | | | | No | | | | | | |
| **If YES was answered, please provide further information** | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | |
| **Borough Fleeing** | | | | | | Select Borough | | | | | | | | **Borough of residence** | | | | | | | | | | | | Select Borough | | | |
| **Borough Fleeing-Outside London** | | | | | | Enter Details | | | | | | | | **Borough of residence- Outside London** | | | | | | | | | | | | | Enter Details | | |
| **Allocated target borough- Local connections, use this option if the**  **borough fleeing & borough of residence do not fall within your**  **allocated target boroughs**  **\*\*\* Local connections could be GP, College, place of work etc.** | | | | | | | | | | | | | | | | | | | | | | | | | | Select Borough | | | |
| **Borough’s of Risk** | | | | | | | | Select Borough | | | | | | | | | | Select Borough | | | | | | | | | Select Borough | | |
| **Borough of risk-Outside London** | | | | | | | | Enter Details | | | | | | | | | | | | | | | | | | | | | |
| **Is it safe to write to address above?** | | | | | | | | | | | | Yes | | | | | | | No | | | | | |
| **Email Address** | | |  | | | | | | | | | | | | | | | | | **Is it safe to email?** | | | | | | | Yes | | No |
| **Contact Number** | | | |  | | | | | | | | | | | | | | | | **Is it safe to text?** | | | | | | | Yes | | No |
| **Is it safe to call?** | | | | Yes | | | | | No | | | | | | **What time is safe to call?** | | | | | | | | | | | |  | | |
| **Is it safe to leave a voice message?** | | | | | | | | | | Yes | | | | | | No | | | | | |

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| **Referral Information-Demographics** |

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| **Date of birth** |  | **Age:** | | **Referral for refuge space- age should be between 16-35 years** |
| **Age Group** | Enter Age Group |
| **Ethnicity** | Select Ethnicity | **Ethnicity Criteria for referrals to refuge space-**  **Ethnicity should be South Asian, Turkish & Middle Eastern** | | |
| **Other Ethnicity** | Enter Ethnicity |
| **Religion/Belief** | None | Other Ethnicity-Please specify. | | |
| **Marital Status** | Select Option | **Sexuality** | Select Option | |
| **Disability** | Select Option |  | | |
| **Gender** | Select Option | Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male | | |
| Non-binary people class themselves as neither exclusively male nor female. They're under the Trans umbrella but may not consider themselves Trans | | | | |
| Unsure/questioning is a process of exploration of their gender, by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons | | | | |

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| **Personal Information & Needs- Immigration Needs** |

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| **Language support needs** | Yes | | No | **Is an interpreter required** | | | Yes | | No | |
| **Languages Spoken** |  | | | |  | |  | | | |
| **Immigration Status- Do you have recourse to public funds?** | | | | | | Yes | | No | | |
| **Are you a British Citizen?** | Yes | No | | **What type of visa do you hold?** | | | Select Option | | | |
| **Do you have proof of immigration status?** | Yes | No | | **When does your current visa expire?** | | |  | | | |
| **Can you return to your country of origin?** | Yes | No | | **When did you enter the UK?** | | |  | | | |
| **Do you have a pending application with the Home Office?** | Yes | No | | **If you cannot return to your country of origin, what are the reasons?** | | |  | | | |
| **Do you currently have an immigration solicitor?** | Yes | No | | **Should you need immigration advice, do you consent for the referral to go to the immigration team?** | | | Yes | | | No |
| **Employment status/Studying** | | | | Select Option | | | | | | |

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| **Children/Dependants details** |

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| **Are you pregnant?** | Yes | | No | | | **How many weeks pregnant are you?** | | | | | Select Option | | |
| **Do you have children?** | | Yes | | No | | | **Are all the children living at home?** | | | Yes | No | | |
| **How many children do you have above the age of 18?** | |  | | | **How many are living at home with you?** | | | | |  | | | |
| **Is there a child(ren) in need plan?** | | | | Yes | | | No | | **Are there any child protection concerns?** | | | | Yes | No |
| **Are there any child contact orders in place for child?** | | | | | | | | | | Select Option | | | | |

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| **Name** | **Surname** | **DOB** | **Gender** | **Relationship to Survivor** | **School** |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |
| Enter Name | Enter Surname | Enter DOB | Enter Gender | Enter relationship to survivor | Enter School details |

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| **Has a police report been made?** | | | Yes | | No | **What Police Station?** | | |  | | |
| **Crime reference number** | |  | | | | **Did the client report this online?** | | | Yes | | No |
| **Are you going through criminal or legal proceedings?** | | | | | | | Yes | | | No | |
| **Are there any Injunctions / Orders in place** | | | | | | | Yes | | | No | |
| **Injunction/Order** | Select Option | | | **Other Injunction/Order** | | | | Other Injunctions or orders | | | |

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| **Police report & criminal proceedings** |

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| **MARAC Information (Multi Agency Risk Assessment Conference)** |

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| **Has the client been referred to MARAC, prior to this referral?** | | | Yes | No |
| **What Borough?** | Select Borough | Outside London: Enter information for outside of London | | |
| **Date of MARAC** | Enter date. |  | | |

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| **Perpetrator(s)/alleged perpetrator(s)** |

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| **Perpetrator(s)/alleged Perpetrators** | | | | | | | Select Option | | | | | | | | | |
| **Perpetrator 1** | | | | | | |  | | | | | | | | | |
| **Other Perpetrators** | Select Option | | | | | Select Option | | | | | | | Select Option | | | |
| **Does the perpetrator/alleged perpetrator still live with the client ?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have access to the client’s address?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have a criminal record?** | | | | | | | | | | | | | | Yes | | No |
| **Date of last incident?** |  | | | | | | |
| **Where did the last incident occur?** | | | Select Option | | | | | | **Other** | |  | | | | | |
| **Were the police involved?** | | Yes | | No | **Police officer in charge** | | | | | | | Click here to enter text. | | | | |
| **Are there any bail conditions in place?** | | | | Yes | No | | | | | **Bail Conditions** | | | | | Choose an item. | |
| **Perpetrator 2** | | | | | | | | | | | | | | | | |
| **Does the perpetrator/alleged perpetrator still live with the client?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have access to the client’s address?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have a criminal record?** | | | | | | | | | | | | | | Yes | | No |
| **Date of last incident?** | Click here to enter a date. | | | | | | |
| **Where did the last incident occur?** | | | Select Option | | | | | | **Other** | | Click here to enter text. | | | | | |
| **Were the police involved?** | | Yes | | No | **Police officer in charge** | | | | | | | Click here to enter text. | | | | |
| **Are there any bail conditions in place?** | | | | Yes | No | | | | | **Bail Conditions** | | | | | Choose an item. | |
| **Perpetrator 3** | | | | | | | | | | | | | | | | |
| **Does the perpetrator/alleged perpetrator still live with the client?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have access to the client’s address?** | | | | | | | | | | | | | | Yes | | No |
| **Does the perpetrator/alleged perpetrator have a criminal record?** | | | | | | | | | | | | | | Yes | | No |
| **Date of last incident?** | Click here to enter a date. | | | | | | |
| **Where did the last incident occur?** | | | Select Option | | | | | | **Other** | | Click here to enter text. | | | | | |
| **Were the police involved?** | | Yes | | No | **Police officer in charge** | | | | | | | Click here to enter text. | | | | |
| **Are there any bail conditions in place?** | | | | Yes | No | | | | | **Bail Conditions** | | | | | Choose an item. | |

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| **Medical Information & GP details** |

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| **Was any medical attention required?** | | | | Select Option | | | | **Other** | | | Click here to enter text. | | |
| **Do you have any medical conditions?** | | | Yes | | No | | **Medical Condition** | | | | | |  |
| **Are you on any medication?** | | Yes | | No | | **Medication** | | | | Click here to enter text. | | | |
| **Is the client registered with a GP?** | | | | | | Yes | | | | | | No | |
| **GP Practice/surgery** |  | | | | | **GP’s name** | | | |  | | | |
| **GP address** |  | | | | | | | | | | | | |
| **GP contact number** | Click here to enter text. | | | | | **GP Email** | | | Click here to enter text. | | | | |

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| **Nature of violence & Types of abuse** |

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| **Is this the first incidence of DV?** | Yes | No | |  |
| **How long have you been in an abusive relationship?** | | | | Select Option |
| **How often did the abuse take place?** | | | | Select Option |
| **What types of abuse did you experience?** | | | | |
| Rape | | | Physical violence | |
| Sexual abuse | | | Psychological/emotional | |
| Financial abuse | | | At risk of forced marriage | |
| Forced marriage taken place | | | Threatened with forced marriage | |
| Isolation from family, friends | | | Isolation/entrapment within the home | |
| Trafficking | | | Sexual exploitation e.g., prostitution | |
| Childhood sexual abuse | | | Childhood physical abuse | |
| Cyber bullying | | | Sexual bullying | |
| Attempted or threats to kill | | | Misuse of religious or cultural practices | |
| Honour based Violence taken place | | | Threatened with honour violence | |
| Harassment | | | Sexual harassment | |
| Stalking | | | FGM | |
| Gang Violence | | | Revenge pornography | |
| Other-Please specify | | | Click here to enter text. | |
| Other-Please specify | | | Click here to enter text. | |
| **Circumstances/Reasons for referral:** | | | | |
| **Current/Previous History of Therapy:** | | | | |

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| **Conclusion** |

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| **FOR ASHIANA USE ONLY- ID NO: Type: Counselling** | | |
| Client accepted | Client on waiting list | Client accepted but no show |
| Contact Broken | Other-Please specify | |
| Client inappropriate for our criteria | Reason: | |
| Client referred to another agency | Name of Agency: | |
| Referred within our Agency | To what Service: | |