**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 | [x]  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: |