

Ashiana Referral Form



<input type="checkbox"/> Consent	Client ID		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

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	

Referral Information-Details

Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

If YES was answered, please provide further information			Click here to enter text.		
<input type="checkbox"/> Borough Fleeing	Select Borough	<input type="checkbox"/> Borough of residence	Select Borough		
<input type="checkbox"/> Borough Fleeing-Outside London	Enter Details	<input type="checkbox"/> Borough of residence-Outside London	Enter Details		
<input type="checkbox"/> 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		
<input type="checkbox"/> Borough's of Risk	Select Borough	Select Borough	Select Borough		
<input type="checkbox"/> Borough of risk-Outside London	Enter Details				
Is it safe to write to address above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Email Address			Is it safe to email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Number			Is it safe to text?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it safe to call?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What time is safe to call?		
Is it safe to leave a voice message?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Referral Information-Demographics

Date of birth		Age:	Referral for refuge space- age should be between 16-35 years
Age Group	Enter Age Group		
Ethnicity	Select Ethnicity	<u>Ethnicity Criteria for referrals to refuge space-</u> <u>Ethnicity should be South Asian, Turkish & Middle Eastern</u>	
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			

Personal Information & Needs- Immigration Needs

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

Children/Dependants details

Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many weeks pregnant are you?	Select Option	
Do you have children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are all the children living at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any child protection concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any child contact orders in place for child?			Select Option		

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

Police report & criminal proceedings

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

MARAC Information (Multi Agency Risk Assessment Conference)

Has the client been referred to MARAC, prior to this referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Borough?	Select Borough	Outside London: Enter information for outside of London	
Date of MARAC	Enter date.		

Perpetrator(s)/alleged perpetrator(s)

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

Are there any bail conditions in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bail Conditions	Choose an item.
<u>Perpetrator 3</u>				
Does the perpetrator/alleged perpetrator still live with the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the perpetrator/alleged perpetrator have access to the client's address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the perpetrator/alleged perpetrator have a criminal record?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Police officer in charge	Click here to enter text.
Are there any bail conditions in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bail Conditions	Choose an item.

Medical Information & GP details

Was any medical attention required?	Select Option	Other	Click here to enter text.
Do you have any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Condition
Are you on any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication
Is the client registered with a GP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GP Practice/surgery	GP's name		
GP address			
GP contact number	Click here to enter text.	GP Email	Click here to enter text.

Nature of violence & Types of abuse

Is this the first incidence of DV?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?		
<input type="checkbox"/> Rape	<input type="checkbox"/> Physical violence	
<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Psychological/emotional	
<input type="checkbox"/> Financial abuse	<input type="checkbox"/> At risk of forced marriage	
<input type="checkbox"/> Forced marriage taken place	<input type="checkbox"/> Threatened with forced marriage	

<input type="checkbox"/> Isolation from family, friends	<input type="checkbox"/> Isolation/entrapment within the home
<input type="checkbox"/> Trafficking	<input type="checkbox"/> Sexual exploitation e.g., prostitution
<input type="checkbox"/> Childhood sexual abuse	<input type="checkbox"/> Childhood physical abuse
<input type="checkbox"/> Cyber bullying	<input type="checkbox"/> Sexual bullying
<input type="checkbox"/> Attempted or threats to kill	<input type="checkbox"/> Misuse of religious or cultural practices
<input type="checkbox"/> Honour based Violence taken place	<input type="checkbox"/> Threatened with honour violence
<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Stalking	<input type="checkbox"/> FGM
<input type="checkbox"/> Gang Violence	<input type="checkbox"/> Revenge pornography
<input type="checkbox"/> Other-Please specify	Click here to enter text.
<input type="checkbox"/> Other-Please specify	Click here to enter text.
Circumstances/Reasons for referral:	
Current/Previous History of Therapy:	

Conclusion

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

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