

**Middle Eastern Women and Society Organisation**

**Referral Form**

**Advice and Support Service**

|  |
| --- |
| Date of referral: |
|  |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name  |  |
| Contact number  |  |
| Contact email |  |
|

|  |  |
| --- | --- |
| **How did you find out about our service?** | Flyer/ poster ☐Online ☐Word of mouth ☐Made a referral before ☐Used the service before ☐ Another service ☐ Other ☐ |

 |
|  |
| **Please enter the name and DOB of the person you’re referring:**  |
|  First name |  |
| Last name  |  |
| Other/ previous names  |  |
| Date of birth  |  |

|  |
| --- |
| **Reason for referral**  |
| **Please tell us the reason you’re making a referral today, and how you feel the client could benefit from our support.** |
|  |
| **Client referred for support around (tick all that apply)** |
|  Advice involving children [ ] One-to-one English Language Support [ ]  Loneliness [ ] Education Advice [ ]  Mental and wellbeing Health [ ]  Befriending [ ]  Counselling [ ] Domestic Violence or Abuse [ ] Training and Awareness Workshops [ ]   | Interpreting [ ] Housing Advice [ ] Benefits Advice [ ] Financial Advice [ ] Immigration Advice [ ]  Employment Advice [ ] Relationship Advice [ ] Join Social Club [ ]  Join Exercise Class [ ] Other [ ]  |

|  |
| --- |
| ***Information about the person being referred***  |
|  *Contact type*  | *Details* | *Safe to contact?* |
| Telephone |  | Yes [ ] No [ ]  |
| Email |  | Yes [ ] No [ ]  |
| Address  |  | Yes [ ] No [ ]  |
| Postcode |  |  |
| City |  |  |
| Borough where currently resident |  |
| Is the client living with the perpetrator/s? | Yes [ ]  No [ ]  N/A [ ]   |
| Is the client currently in refuge accommodation? | Yes [ ]  No [ ]   |
| Does the client have children? | Yes [ ]  No [ ]   |
| How many children does the client have and what are their ages? |  |
| Primary language |  |
| Other languages spoken |  |
| Client’s gender  | Female [ ]  Male [ ]   |
| Is the client’s gender different to the gender they were born with? (Are they transgender?) | Yes [ ]  No [ ]  Don’t know [ ]  |
| What is their nationality? | Don’t know [ ]  |
| What is their relationship status?(tick one option) | Civil partnership [ ] Married [ ] Divorced [ ]  Separated [ ] Cohabiting [ ]  | Polygamous relationship[ ]  Widowed [ ] Single [ ] Don’t know [ ]  |
| What is their sexual orientation?(tick one option) | Heterosexual/ straight [ ] Gay woman/ Lesbian [ ] Bisexual [ ]  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know [ ]  |

|  |
| --- |
| ***Client History*** |
|  Coercive control ☐Physical abuse ☐Sexual abuse ☐Emotional/psychological abuse ☐Financial abuse ☐ Harassment/ stalking ☐FGM ☐Forced Marriage ☐Arranged Marriage [ ]  | Depression [ ] Bipolar[ ] Anxiety [ ] PTSD [ ] Other mental health issue [ ]  Eating Disorder [ ]  Self-harm [ ]  Aggressive or violent behaviour [ ] Other [ ]  |
| Is the client currently in receipt of any other form of therapy/ seeing any other healthcare professional at present? (e.g. psychologist/psychiatrist) | Yes [ ]  No [ ]  |
| ***Disability*** |
| Any disability? | Physical[ ] Learning[ ] Deaf/ hard of hearing[ ] Blind/ visually impaired [ ] Other [ ]  |
| *Notes:* |
|  |
| ***Please tell us more about any support needs the client may have:*** |
|  | *Comments*  |
| Support needs around mental health? | Yes [ ] No [ ] Not sure [ ]  |  |
| Interpreter required? | All of the time [ ] Some of the time [ ] No [ ] Not sure [ ]  |  |
| Does the client have any accessibility requirements? | Yes [ ] No [ ] Not sure [ ]  |  |
| **If you have any other important/ useful information about this woman’s support needs, please provide additional details below:** |
|  |
| **Are there any known risks to working with this client?**  |
|  |

|  |
| --- |
| ***Please provide information for client’s GP*** |
| GP Surgery Name |  |
| GP Surgery Address |  |
| GP Surgery Telephone Number |  |

|  |
| --- |
| ***Please provide information for client’s next of kin/ someone we can contact in an emergency*** |
| Name |  |
| Relationship |  |
| Contact info |  |
| Safe contact notes  |  |

**Please email the referral form back to:**

**office****@mewso.org**

**Postal address: Middle Eastern Women and Society organisation, Durham Road Resource Centre, 86 Durham Road, London N7 7DT**

Middle Eastern Women and Society Organisation supports Middle Eastern, North African and Asian women in London to rebuild their lives. We reject every form of discrimination, inequality and exclusion and aspire to a society where every woman lives in safety with equal opportunities. We hope for a society in which diversity is considered an element of strength and not of division. The Middle Eastern Women and Society organisation is built on the values of secularism, solidarity and social justice.