

**Middle Eastern Women and Society Organisation**

**Referral Form**

**Advice and Support Service**

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| 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 |  |

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| **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 |

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| --- | --- | --- | --- |
| ***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 | |

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

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| ***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**](mailto:advocacy@solacewomensaid.org)**@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.