**NAMOW Advice & Support REFERRAL FORM**

We are now accepting referrals to support BAME LGBTQ+ women affected by any form of harmful practices, including FGM, so-called ‘honour’ based abuse, forced marriage, coercive control and domestic abuse cases in a culturally appropriate, non-judgmental and safe way.

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| **FORWARD REFERRAL RECEIVED BY (Staff name):**  |

***Please tell us about your case…***

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| **DATE AND TIME:** |
| **REFERRER/ AGENCY:**  |
| **Name:**  |
| **Email:** | **Telephone:**  |

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| **Do you give *(have)* consent to share your *(client’s)* information with NAMOW?** Yes [ ]  No [ ]  |
| **CLIENT DETAILS** |
| **Full Name:**  | **Date of Birth:**  |
| **E-mail:** | **Phone Number:** Is it safe to leave a voice message? Yes[ ]  No[ ]  |
| **Address:**  | **Borough/District:**  |
| **Cultural background/ Country of origin:** **Religion:** **Marital status:****Age of Partner/ex-partner:** | **Is an interpreter needed?**  Yes[ ]  No[ ]  *If yes, which language* **Sexual orientation:****Disability or health needs:** |
| **Recourse to public funds?** *(Are you able to receive benefits or public funding?)* Yes[ ]  No[ ]  | **Are you currently working?** Yes[ ]  No[ ]  Prefer not to say [ ] **If yes, please specify:**[ ]  Permanent [ ]  Temporary Agency [ ] Zero hours contract [ ]  |
| **Immigration Status:**  |  |
| Asylum Seeker [ ] British/EU Citizen[ ]  | Exceptional Leave[ ]  Indefinite Leave to Remain[ ]  | Spouse/family visa[ ] Refugee Status[ ]  | Other status [ ] Prefer not to say [ ]  |
| **Does your client have access to the following?** |
| smart phone, laptop, computer or tablet [ ]  | Mobile Data [x] WIFI connection [ ]  | Microphone/ speaker/ headphones [ ]  | Private space to access the session [ ]  |
| **Case Details** |
| **Assessing Risk** |
| **Does your client feel like they might harm themself or someone else?** Yes [ ]  No [ ]  | **Does your client feel that someone else might harm them?** Yes [ ]  No [ ]  |
| *If yes, please give details EX PARTNER*  |
| **Do they have any children under 18?** (Please state brief details incl. number of children, D.O.B & gender*)*  |
| **Have they been affected by any of the following?** |
| [ ]  Female Genital Mutilation (FGM/ C)[ ]  Forced Marriage[ ]  Abuse linked to faith/belief [ ]  So called *‘Honour’* Based Abuse | [ ]  Modern Day Slavery[ ]  Domestic Violence (incl. financial, emotional, physical)[ ]  Sexual Abuse Other forms of abuse[ ]  |
| *Please continue to the next section……* |  |

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| **Brief Case History**(Please provide some information about their current situation, any supporting organisations involved in this case and what support you will need) |
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| **Are there any other safety considerations we should be aware of when contacting the client? NO** |
| **Support Needs**  |
| [ ]  1:1 emotional support [ ]  Counselling  | [ ]  FGM clinic referral [ ]  Legal Advice clinic   | [ ]  One off advice [ ]  Professional Advice  | [ ]  Psychosocial Educational session [ ]  Other  |
| ***Other information*** *(only complete whichever applies):* |
| **FOR EMOTIONAL SUPPORT & COUNSELLING** |
| **Have they had counselling before?** [ ]  Yes [ ]  No**If yes, how many sessions did they have?** [ ]  0-6 sessions [ ]  7-12 sessions [ ]  13 or more sessions [ ]  Not sure |
| **FOR LEGAL ADVICE CLINIC** |
| **Do they currently have a solicitor representing their case?** [ ]  Yes [ ]  No**Are they entitled to legal aid?** [ ]  Yes [ ]  No |
| **FOR PSYCHOSOCIAL EDUCATIONAL CASES** |
| **Is an FGM protection order in place?** [ ] Yes [ ]  No [ ]  Pending court hearing **When is the final court hearing (approx.)? -** |
| **FOR FGM CLINIC REFERRAL** |
| **GP details:****Is their GP aware of your referral?** [ ]  Yes [ ]  No |
| *Please continue to the next section……………* |

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| **NAMOW OFFICE ONLY** |  |
| **Date and Time of first assessment:** | **Staff Name:** |

Thank you for completing the referral form; please hand it to a member of the NAMOW support staff or email it to support@namowinitiative.org. NAMOW complies with GDPR. Your details are confidential and will not be shared without your consent except where there is a risk of serious harm to yourself or someone else. If a child is at immediate risk of FGM, please call 999 or the NSPCC national FGM helpline 0800 028 3550. If there is an immediate risk of domestic abuse, please call the police or the National Domestic Abuse Helpline 0808 2000 247.