**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…***

|  |  |
| --- | --- |
| **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  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](mailto: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.