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| WGN Office Use Only |
| Date received |  |
| Client Code |  |
| Service Code |  |

Women and Girls Network

**Ascent Counselling** Referral Form

Agency Use Only

The **Ascent** counselling service (part of Women and Girls Network) provides counselling for women and girls who have experienced **gendered violence** including domestic violence, sexual violence and so-called ‘honour’-based violence (HBV).

If you have any questions about the service or whether your referral is suitable, please contact our office on 0207 610 4678 or see www.wgn.org.uk

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| Referral date |  |
| Agency name/borough |  |
| Referrer name/job title |  |
| Referrer contact email |  |
| Referrer contact telephone number |  |
| Referrer relationship to client |  |
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| **Please note that we cannot accept referrals without client knowledge and consent.** |
| Is the client aware of the referral? | Yes  |[ ]  No |[ ]
| *If the client is under 18*, is their parent/carer/guardian aware of the referral? | Yes |[ ]  No |[ ]

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| **Client Contact Details** |
| Full name |  |
| Date of birth |  | Age |  |
| Contact number |   |
| Email address |  |
| Address |   |

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| **Is it safe to...** |
| Send post? | Yes |[ ]  No |[ ]
| Send emails? | Yes |[ ]  No |[ ]
| Send texts? | Yes |[ ]  No |[ ]
| Send instant messages on mobile? | Yes |[ ]  No |[ ]
| Leave voicemails/answerphone messages? | Yes |[ ]  No |[ ]
| Are there any other safety considerations we should be aware of when contacting the client i.e. does she live with the perpetrator? |  |

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| **How did you hear about our service?** |  |

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| **Presenting Issues/Incidents (please tick all that apply)** |
|[ ]  Childhood sexual abuse |[ ]  Rape - over 12 months ago |
|[ ]  Childhood sexual exploitation (CSE) |[ ]  Rape - within last 12 months |
|[ ]  Domestic violence  |[ ]  Sexual assault |
|[ ]  FGM (or ‘cutting’) violence |[ ]  Sexual bullying from peers (i.e. school) |
|[ ]  Forced marriage  |[ ]  Sexual exploitation (adult) |
|[ ]  Gang-related sexual  |[ ]  Sexual harassment |
|[ ]  ‘Honour’-based violence  |[ ]  Stalking |
|[ ]  Prostitution  |[ ]  Trafficked into domestic servitude |
|[ ]  Rape - gang/multi-perpetrator |[ ]  Trafficked into sexual exploitation |

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| **Were perpetrators known to the client? If so, how (at time of incident)?** |  |

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| **Have any incidents been reported to the police? If so, please detail current police/criminal justice system involvement.** |  |

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| **Ethnic Background** |
|[ ]  Asian Bangladeshi |[ ]  Black African |[ ]  White British |
|[ ]  Asian British  |[ ]  Black British |[ ]  White European |
|[ ]  Asian Pakistani |[ ]  Black Caribbean |[ ]  White Irish |
|[ ]  Asian Indian |[ ]  Black Other |[ ]  White Other |
|[ ]  Asian Other |[ ]  Latin American  |[ ]  Traveller/Roma |
|[ ]  Chinese |[ ]  Middle Eastern |[ ]  Mixed Ethnicity |
|[ ]  Other (please specify):  |
|[ ]  Client prefers not to disclose |

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| **Disabilities** |
|[ ]  Visual |[ ]  Hearing |
|[ ]  Learning/cognitive difficulty |[ ]  Mental health |
|[ ]  Mobility difficulty  |[ ]  Long-term illness |
|[ ]  Other (please specify): |
|[ ]  No disability |
|[ ]  Client prefers not to disclose |

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| **Religion/Beliefs** |
|[ ]  Agnostic |[ ]  Atheist  |[ ]  Buddhist  |
|[ ]  Christian |[ ]  Hindu  |[ ]  Humanist  |
|[ ]  Jain |[ ]  Jewish |[ ]  Muslim  |
|[ ]  Rastafarian |[ ]  Sikh |[ ]  Zoroastrian |
|[ ]  Other (please specify):  |
|[ ]  None/no religion |
|[ ]  Client prefers not to disclose |

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| **Employment Status** |
|[ ]  Employed full-time  |[ ]  Employed part-time  |
|[ ]  Self-employed full-time |[ ]  Self-employed part-time |
|[ ]  Student full-time |[ ]  Student part-time |
|[ ]  Unemployed  |[ ]  Receiving disability benefits |
|[ ]  Carer |[ ]  Homemaker |
|[ ]  Retired |[ ]  No recourse to public funds (NRPF) |
|[ ]  Client prefers not to disclose |

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| **Maternity/Caring Responsibilities** |
| Is the client pregnant? | Yes |[ ]  No |[ ]
| If yes, when is the baby due? |
| Does the client have any children? | Yes |[ ]  No |[ ]
| If yes, please give their ages.  |
| If yes, is there social services involvement? | Yes |[ ]  No |[ ]

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| Does the client have any caring responsibilities **other** than children? | Yes |[ ]  No |[ ]

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| **Sexual Orientation** |
|[ ]  Bisexual |[ ]  Heterosexual |[ ]  Lesbian |
|[ ]  Client unsure |[ ]  Client under 16 |[ ]  Other |
|[ ]  Client prefers not to disclose |

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| **Relationship Status** |
|[ ]  Married |[ ]  In a relationship/cohabiting |[ ]  Civil partnership |
|[ ]  Single |[ ]  Divorced/separated |[ ]  Widowed |
|[ ]  Client prefers not to disclose |

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| **Does the client identify as transgender?** | Yes |[ ]  No |[ ]
| Client prefers not to disclose |

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| **Is the client receiving support from any agencies? (please tick all that apply)** |
|[ ]  Counselling/therapy |[ ]  Drug/alcohol services |[ ]  GP |
|[ ]  Housing |[ ]  Social care (adult) |[ ]  Social care (child) |
|[ ]  Other:  |

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| **Details of client’s GP** |
| Name |  |
| Contact number |  |
| Address |  |

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| **Details of emergency contact for client.** Please note that emergency contacts must be over 18 and in the London area. |
| Name and relationship to client |  |
| Contact number |  |
| Address |  |

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| **Please briefly detail the client’s experiences/presenting issues/issues and concerns, including details of her involvement with your agency.** Please note that if this section is left blank referrals will be returned. |
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| **Do you know of any safeguarding issues?** | Yes |[ ]  No |[x]
| If yes, please give details, including your agency’s involvement/interventions. |
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| **Do you know of any risk issues?** | Yes |[ ]  No |[ ]
| If yes, please give details, including your agency’s involvement/interventions. |
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| **Please be aware that Women and Girls Network will not accept clinical responsibility for this client until she has engaged directly with our services.** |

Completed referrals should be sent to **ascentcounselling@wgn.org.uk**