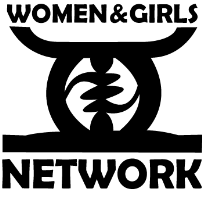
**Women and Girls Network**

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

**Ascent Moving Forward Online Group Referral Form**

**Agency Use Only**

The **Ascent** **Moving Forward** groups is a psychoeducational support group for women and girls who have experienced or been affected by **gendered violence**.

This referral form is for online groups developed following the postponement of face to face groups in response to COVID-19. Please check that clients have the appropriate equipment and set up in their homes to access the online rooms.

Please complete the referral form fully, providing as much information as possible in response to all questions and in particular consider any risks and safeguarding issues.

If you have any questions about the service or whether your referral is suitable, please contact our office on 0207 610 4678 or visit our website: [www.wgn.org.uk](http://www.wgn.org.uk)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referral date |  | | | | |
| Agency name/borough |  | | | | |
| Referrer name/job title |  | | | | |
| Referrer contact email |  | | | | |
| Referrer contact telephone number |  | | | | |
| Referrer relationship to client |  | | | | |
| **Please note that we cannot accept referrals without the client’s 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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Access to online rooms, does the client have…** | | | | |
| Access to a smart phone, laptop, computer or tablet | Yes |  | No |  |
| Wifi / ethernet connection | Yes |  | No |  |
| Microphone & speaker on their device or headphones | Yes |  | No |  |
| A private space from where they can access the online room | Yes |  | No |  |
| **Any other information** | | | | |
|  | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. do they 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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| --- | --- | --- | --- | --- | --- |
| **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 | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabilities** | | | |
|  | Visual |  | Hearing |
|  | Learning/cognitive difficulty |  | Mental health |
|  | Mobility difficulty |  | Long-term illness |
|  | Other (please specify): | | |
|  | No disability |  | Client prefers not to disclose |
| **If you have a disability, do you have any access requirements or adjustments that will enable you to fully access and engage in our service?** | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | |
| 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 | | | | |

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

|  |
| --- |
| **Please briefly detail the client’s experiences/presenting issues/issues and concerns, including details of her involvement with your agency. Include essential information relating to the client’s emotional and physical well-being** |
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| --- | --- | --- | --- | --- |
| **Do you know of any safeguarding issues?** | Yes |  | No |  |
| If yes, please give details, including your agency’s involvement/interventions. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know of any risk issues?**  **i.e. contact with perpetrator/s, children and client’s mental health** | Yes |  | No |  |
| If yes, please give details, including your agency’s involvement/interventions. | | | | |
|  | | | | |

Please send completed referrals to **groups@wgn.org.uk**