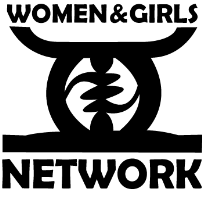
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| WGN Office Use Only | |
| Date received |  |
| Client Code |  |
| Service Code |  |

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 |  | | | | |
|  | | | | | |
| **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.** Please note we are unable to accept the referral without the GP information. | |
| Name |  |
| Contact number |  |
| Address |  |

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| **Details of emergency contact for client.** If the client does not have a suitable emergency contact, the referrer (e.g., social worker or caseworker) may list themselves in this section, provided they will be continuing to work with the client. Emergency contacts must be over 18 and living within the UK. | |
| 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 |  |
| 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**