

Nottingham Muslim Women’s Network

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the women safely and quickly as possible. We’d appreciate it if you could include as much information as this saves the service user from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

If you have any questions; please contact us on 07826 464 722 / 0115 8372627 **Monday-Friday 9am-4pm**

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| **How to submit this referral:**  Please email to: [enquiries@nmwn.co.uk](mailto:enquiries@nmwn.co.uk)  **IMPORTANT NOTE – Referral form emailed to any other email address may not be received.** |
| Additional information to submit?  Please attach the following documents to this referral:   * DASH RIC * Any other risk assessments which are available |

**Information about the person making the referral**

|  |  |
| --- | --- |
| Date of Referral: |  |
| Please indicate which service you would like to refer to: | |
| Legal surgery  Drop in  Advocacy  DV Support  Outreach Support  Take part in NMWN Activities  Freedom Programme  Other *(please specify):* Click here to enter text. | |
| Please enter your name and contact details | |
| Referrer’s name |  |
| Organisations name |  |
| Role/ Job Title |  |
| Contact Number |  |
| Contact Email |  |
| Consent | |
| Has the woman given consent to have the referral? | Yes  No  Don’t know |

**Woman’s information**

|  |  |  |
| --- | --- | --- |
| Personal Details | | |
| First Name |  | |
| Last Name |  | |
| Other Names |  | |
| What do they like to be called? |  | |
| Date of Birth |  | |
| Method of contact | Details | Safe to contact? |
| Phone/ Mobile number |  | Yes No  Call  Text  Leave Voicemail |
| Email Address |  | Yes  No  Don’t know |
| Current Address (inc postcode) |  | Yes No  Visit  Post |
| If DV referral does the perpetrator live at this address? | Yes  No  Don’t know  N/A | |
| Safe contact notes |  | |
| Next of kin – who can we contact in an emergency? | | |
| Name |  | |
| Relationship |  | |
| Contact information |  | |
| Safe contact notes |  | |
| Access Requirements | | |
| Does this woman have any access requirements (for example braille, large print) | Yes  No  Don’t know | If yes, please provide details: |
| Does this woman require an interpreter? | Yes  No  Don’t know | If yes, please provide details: |

**Equalities Monitoring**

|  |  |
| --- | --- |
| How would this service user define their gender? | |
| Male  Female  Other *(please specify):* Click here to enter text.  Don’t Know | |
| Is their current gender different to the gender they were assigned at birth? | |
| Yes  No  Don’t Know | |
| Based on the definition below, do they consider themselves to have any kind of disability?(Please tick any that may apply) | |
| The 2010 Equality Act defines disability as ‘a physical or mental impairment which has a substantial and long term adverse [negative] effect on their ability to carry out normal day to day activities’  Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Other *(please specify):* Click here to enter text.  Don’t Know  None | |
| How would they describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other *(please specify):* Click here to enter text.  Don’t Know |
| Do they have a faith/religion? | |
| No Religion  Muslim  Christian  Jewish  Buddhist | Hindu  Sikh  Other *(please specify):* Click here to enter text.  Don’t Know |
| What is their sexual orientation? | |
| Heterosexual / Straight  Gay woman / Lesbian  Bisexual  Other *(please specify):* Click here to enter text.  Don’t Know | |

**Woman’s support needs/ vulnerabilities**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tell us more about any support needs the woman may have: | | | |
| Mental Health  Physical Health  Sexual Health  Substance misuse | | Self-harming/ suicidal feelings  Offending  Aggressive behaviour  Other *(please specify):* Click here to enter text. | |
| Is the survivor currently pregnant? | | | |
| Yes (*please give due date):* Click here to enter text.  No  Don’t Know | | | |
| Are there any known risks to working with this woman? | | | |
| Click here to enter text. | | |  |
| What is the woman’s nationality? | Click here to enter text. | | |
| (If not British National) What is her immigration status? | Click here to enter text. | | |
| (If not British National) Do they have access to Public Funds? | Yes  No  Don’t Know | | |

# Children

|  |  |
| --- | --- |
| Please provide names and Date of Births for any children below: | |
| Name | Date of Birth |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Alleged Perpetrator/s (if applicable)**

|  |  |
| --- | --- |
| Please provide name/s and Date of Birth/s for alleged perpetrator/s below: | |
| Name | Click here to enter text. |
| Relationship to woman | Click here to enter text. |
| Address | Click here to enter text. |
| Date of Birth | Click here to enter text. |
| If there is more than one alleged perpetrator, please provide additional details in the box below: | |
| Click here to enter text. | |

# Reason for referral

|  |  |
| --- | --- |
| Why are you making this referral – how could this woman benefit from our support? **(Please note we will not be able to accept the referral if this section is not completed)** | |
| Click here to enter text. | |
| Types of abuse (if applicable) | |
| Domestic abuse  Forced Marriage  Female Genital Mutilation  Honour Based Violence | Trafficking  Sexual exploitation  Other *(please specify):* Click here to enter text.  N/A |
| **Please make sure you have attached the following:** | |
| ☐ DASH RIC  Other *(please specify):* Click here to enter text. | |

**Thank you for taking the time to complete this referral!**