# **Womankind Counselling Service for Young Women (16-18 years) Affected by Domestic Abuse**

**PRIVATE AND CONFIDENTIAL**

## **Referrer Information**

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| --- | --- |
| **Referrer Name** |  |
| **Referrer Contact Number** |  |
| **Referrer Email Address** |  |
| **Date of Referral** |  |

## **Client Contact Information**

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| --- | --- |
| **Full Name (also include preferred pronouns and name if relevant)** |  |
| **Address including postcode** |  |
| **Date of Birth**  |  |
| **Phone Number** |  | **Safe to text?**  | **Yes/No** | **Safe to leave voicemail?**  | **Yes/No** |
| **Email Address** |  | **Safe to email?** | **Yes/No** |
| **Preferred method of contact?** | **Phone/Text/Email? Don’t mind** |

## **Additional Client Information**

|  |  |
| --- | --- |
| **What is the client’s nationality?** |  |
| **Dependents? (Please include age)** |  |
| **Does the client have any communication/information needs? (if yes please give details)** |  |
| **Does the client have a disability?** |  |
| **Does the client have any other access needs?** |  |

## **Reason for Referral**

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## **Nature of Abuse**

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| --- | --- |
| **Nature of abuse**  | **Past/Present/Multiple** |
| **Domestic Abuse** |  |
| **Recent Rape or Sexual Assault** |  |
| **Child Sexual Abuse** |  |
| **Exploitation/CSE** |  |
| **FGM** |  |
| **Trafficking** |  |
| **Online Abuse** |  |
| **Abuse Ring** |  |
| **Any other trauma or abuse** |  |

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| **Current support (e.g., mental health, educational, family etc. if known)** |
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| **How do you think counselling could help?** |
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| **Please provide any additional information for example, on home/family situation, partner, drug/alcohol use etc. Attach most recent risk assessment if relevant.** |
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| **Any potential, past or current safeguarding concerns?** |
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**Please return the completed form via our secure email to Anna Wyatt, Administrator:** anna.wyatt@womankind.cjsm.net