**Self -referral form**

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| Personal Information |

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| Name: | Gender: | DOB: |
| Background/ethnicity: | Primary Language: |
| Phone number:    | Email:  |
| Address: |
| Interpreter required (for complex conversations)? | YES | NO |
| How do you identify you religion, spirituality, beliefs, etc.? |  |
| Are you currently practicing your religion? | YES | NO |
| Do you have any identified disabilities?  | YES | NO |
| Are you struggling with your mental health? | YES | NO |
| If yes to the above, please provide details: |
| Immigration | What is your immigration status? |
| Are you getting support from any services around immigration / asylum? | YES | NO  |
|  | If yes, please provide name and contact details:  |
| Solicitor | Do you have a solicitor?  | YES | No |
| If yes, please provide name and contact details: |
| Family solicitor | Immigration solicitor | Both  |
| GP details: | GP Name: |
| GP Address: |
| GP Phone Number: |
| Consent & environment  | Do you consent for Savera UK to contact you?  | YES | NO |
| Do you understand who Savera UK is and what support we provide? | YES | NO |
| Is it safe to contact you using information provided?  | YES | NO |
| Is the environment safe for Savera UK to make contact? | YES | NO |
| Is there a specific time day to make contact? If yes, provide this below:Date:Time: | YES | NO |
| Are you in a safe address? | YES | NO |
| If no, do you wish to move into a safe address? | YES | NO |
| Any further information: |

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| Children & Other Family at risk of HBA & Harmful Practices |

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| Names | DOB | Gender | Indication of harmful practices  | Relationship to client |
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| Perpetrators  |
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| Names | DOB | Gender | Indication of HBA  | Relationship to client |
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| Other Services, Agencies and Organisations |

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| Social Services  | Is the case open to social services? | YES | NO | If yes, please provide name and contact details: |
| Children’s services |  |
| Adult services |
| Both Children & Adult services |
| Police  | Have you reported matters to police?  | YES | NO |  |
| If yes, please provide reference number and contact details: |
| Have you completed the HBA Kit (biometrics)? | YES | NO  |
| Date: |
| Any other services/ agencies  | Are you getting support from any other organisations?  | YES | NO | If yes, please provide name and contact details: |
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| For Savera UK Use Only |

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| Referral accepted: | YES | NO |
| If no, has client been notified? | YES | NO |
| Date Assigned: |  |
| Client ID: |  |
| Assigned to: |  |