**Self -referral form**

1. Please complete the form with as much information as possible.
2. Once completed please send the form to Savera UK’s secure email address [New.referrals@saverauk.cjsm.net](mailto:New.referrals@saverauk.cjsm.net). If you are unable to use this email, sign up for a free [**EGRESS**](http://www.egress.com/) account and use it to send this form to [**info@saverauk.co.uk**](mailto:info@saverauk.co.uk)**.**
3. If you have any problems submitting the referral, please contact us by calling 0800 107 0726.

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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 harm |

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| --- | --- | --- | --- | --- |
| Names | DOB | Gender | Indication of harm | Relationship to client |
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| Perpetrator information | | | | |
|  |  |  |  |  |
| Names | DOB | Gender | Indication of harm | 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 | | | | | |
| Referral accepted: | YES | NO | | |
| If no, has client been notified? | YES | NO |
| Date Assigned: |  | | | |
| Client ID: |  | | | |
| Assigned to: |  | | | |