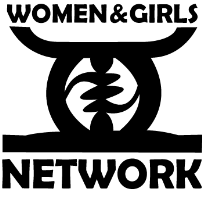
|  |  |
| --- | --- |
| WGN Office Use Only | |
| Date received |  |
| Client Code |  |
| Service Code |  |

Women and Girls Network

**Ascent Moving Forward Group** Referral Form

Agency Use Only

The **Ascent** **Moving Forward** groups. Support groups for women and girls who have experienced or been affected by **gendered violence**. 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Contact Details** | | | |
| Full name |  | | |
| Date of birth |  | Age |  |
| Contact number |  | | |
| Email address |  | | |
| Address |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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? |  | | | | |

|  |  |
| --- | --- |
| **How did you hear about our service?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabilities** | | | |
|  | Visual |  | Hearing |
|  | Learning/cognitive difficulty |  | Mental health |
|  | Mobility difficulty |  | Long-term illness |
|  | Other (please specify): | | |
|  | No disability | | |
|  | Client prefers not to disclose | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the client have any caring responsibilities **other** than children? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual Orientation** | | | | | |
|  | Bisexual |  | Heterosexual |  | Lesbian |
|  | Client unsure |  | Client under 16 |  | Other |
|  | Client prefers not to disclose | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relationship Status** | | | | | |
|  | Married |  | In a relationship/cohabiting |  | Civil partnership |
|  | Single |  | Divorced/separated |  | Widowed |
|  | Client prefers not to disclose | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the client identify as transgender?** | Yes |  | No |  |
| Client prefers not to disclose | | | | |

|  |
| --- |
| **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. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know of any safeguarding issues?** | Yes |  | No |  |
| If yes, please give details, including your agency’s involvement/interventions. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know of any risk issues?** | Yes |  | No |  |
| If yes, please give details, including your agency’s involvement/interventions. | | | | |
|  | | | | |

Completed referrals should be sent to **groups@wgn.org.uk**