### Referral Form

Complete as fully as possible and provide supporting reports and assessments where available.

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| **Date of referral:**      Is the person aware of this referral?If under 16, has the parent or guardian of the person, consented to this referral?  | Y/NY/N |

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| **Personal details** |  |
| Surname:       | First name(s):       |
| Date of birth:       | Age at the time of referral:       |
| Do they have diagnosis of a learning disability? [ ] Do they have a diagnosis of autism? [ ]  |
| Please specify type of residence (e.g. residential care home):       |
| Address:            |
| Tel no.       | Email:       |
| Consent to contact: | Post [ ]  | Email [ ]  | Telephone [ ]  (Tick all that apply) |
|  |  |
| **Level of learning disability** *Please tick relevant box* None [ ]  Borderline [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Profound [ ] Please tell us any other relevant information on how the person being referred prefers or is able to communicate: e.g. able to speak, uses a type of signing, has a speech box etc., : :        |
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| **Area of other needs** *Please tell us about any other relevant diagnoses (eg. autism; epilepsy; downs syndrome; physical or sensory disability...)*         |

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| **Monitoring Information**  - please tick  |
| White British [ ]  |   | Indian [ ]  |   | Asian and White [ ]  |   |
| Other White background [ ]  |   | Pakistani [ ]  |   | Other Dual Heritage [ ]  |   |
| Black British  [ ]  |   | Bangladeshi  [ ]  |   | Chinese [ ]  |   |
| Black African [ ]  |   | Other Asian background [ ]  |   | Traveller [ ]  |   |
| Black Caribbean [ ]  |   | Black Caribbean and White [ ]  |   | Other Ethnic Group [ ]  |   |
| Other Black background [ ]  |   | Black African and White [ ]  |   | Prefer not to say [ ]  |   |
| **First Language:**        |
| **Sexuality and Gender** Female [ ]  Male [ ]  Trans [ ]  Non-binary [ ]  Prefer not to say [ ]  Heterosexual/ Straight [ ]  Homosexual/Gay/Lesbian [ ]  Other [ ]  Prefer not to say [ ]   |
| **Referrer details** |  |
| Name:       | Position:       |
| Organisation:       |  |
| Address:                 |
| Tel no.       | Email:       |
| Consent to contact: | Post [ ]  | Email [ ]  | Telephone [ ]  (Tick all that apply)  |

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| **Reason for referral:***What have you noticed about the person who is being referred and how they might be feeling? For example: anxious, distressed, depressed, angry**Please describe what feelings or behaviours you are worried about or have changed?* *For example: withdrawn, angry outbursts, tearful, hurting others, hurting themselves, not talking*     *If you know which service you are referring into please tick, otherwise tick unknown*ISVA [ ] Young Women’s Advocacy [ ] Domestic Violence [ ] Forced Marriage Project [ ] Forensic Service [ ] COSA [ ] Survivors Therapy Service [ ] Family Therapy Service [ ] Children and Young People’s Therapy Service [ ] Children & Young People’s VCS Support Group [ ] Family Members VCS Support Group [ ] Unknown [ ] *Hopes for Respond’s Involvement (greater emotional expression, managing feelings, improved relationships, capacity to reflect etc)*      |
| **Person’s history***Please give the history of any trauma or abuse, including domestic violence, and include details of any offending history (if appropriate)*      |

**Support Network:** Please include ALL professionals involved (health professionals, support staff, carers, social workers, probation/police

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| Name:       | Position/relationship to client:       |
| Address:       |
| Tel no:       | Email:       |
| Consent to contact: [ ]  Post [ ]  Email: [ ]  Telephone (Tick all that apply) |

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| Address:       |
| Tel no:       | Email:       |
| Consent to contact: [ ]  Post [ ]  Email: [ ]  Telephone (Tick all that apply) |

Please return the form to:

referrals@respond.org.uk

Respond

3rd Floor

24-32 Stephenson Way

London NW1 2HD

Respond is committed to protecting personal information and making every effort to ensure that your personal information is processed in a fair, open and transparent manner.

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For further information about our privacy practices, please contact our Data Protection Officer by:

•        Writing to **Respond, 3rd Floor, 24-32 Stephenson Way, London NW1 2HD**

•        Calling us on **020 7383 0700**

•        Emailing to admin@respond.org.uk

All personal data will be processed in line with our Privacy Policy, a copy of which can be seen at:

[www.respond.org.uk/privacy](http://www.respond.org.uk/privacy)