### 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/N  Y/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) |
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| **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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| --- | --- |
| Name: | Position/relationship to client: |
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| Consent to contact:  Post  Email:  Telephone (Tick all that apply) | |

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| Consent to contact:  Post  Email:  Telephone (Tick all that apply) | |

Please return the form to:

[referrals@respond.org.uk](mailto: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.

We are a ‘data controller’ for the purposes of the Data Protection Act 2018 and the EU General Data Protection Regulation 2016/679 (‘Data Protection Law’).  This means we are responsible for, and control the processing of, your personal information.

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](mailto: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)