**Freedom Programme/Outreach Referral**

Please note that by submitting this form you agree that the client is aware of the referral.

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| --- | --- |
| Referral Date: |  |

|  |
| --- |
| Please tick which service you are referring the client to: |
| Freedom Programme |  | Outreach Support |  |

|  |  |
| --- | --- |
| Client Name: |  |
| Safe Telephone:(please state if safe to use, or any time restrictions) |  |
| Email:(please state if safe to use) |  |
| Address: |  |
| D.O.B. |  | Gender |  |
| Sexuality |  | Nationality |  |
| Ethnicity |  | Disability\* |  |
| Marital Status |  | Type(s) of Domestic Abuse  |  |

\*The Equality Act 2010 defines a disabled person as “someone who has a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities”. Disability includes, but is not limited to, Vision (e.g. blindness or partial sight); Hearing (e.g. deafness or partial hearing); Mobility (e.g. walking short distances or climbing stairs); Learning/understanding/concentrating; Memory; Mental Health, Social or Behaviour (e.g. autism, attention deficit disorder or Asperger’s syndrome).

|  |  |
| --- | --- |
| Children’s Names: | Children’s DOB: |
|  |  |
|  |  |
|  |  |
| Will childcare be required for the client to attend the programme? |  |

|  |  |
| --- | --- |
| Client currently in relationship with perpetrator? |  |
| Perpetrator’s name: |  |
| Police Involvement? (describe) |  |

|  |  |
| --- | --- |
| Referring Agency:(state self if no agency involvement) |  |
| Referrer Name: |  |
| Referrer Telephone: |  |
| Referrer Email: |  |

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| Please use the space below to provide any information that you feel will help us to best support the client, including details of why you have referred them: |
|  |

Please return this form to **admin@burystedmundswomensaid.org.uk**

or by post to 24 St Andrew’s Street North, Bury St Edmunds, IP33 1TH

Our Privacy Policy can be found on our website – burystedmundswomensaid.org.uk