Ascent

ASIAN WOMEN'S RESOURCE CENTRE
Established 1980

London VAWG Consortium

Office use only: AWRC ID number.....
Date referral received:..... By:.....
Outcome of referral:.....

AWRC - ASCENT ADVICE REFERRAL FORM

This form must be completed for all referrals to the Asian Women's Resource Centre.

Consent – Have you discussed consent to share information with specified third parties with Client?
Has verbal consent given by the client to share information?
Has Client consented to referral?

DATA PROTECTION STATEMENT

Please ensure that the client is aware that the information gathered and included in the Referral Form is confidential and will be kept on file. This information will be shared with others on a need to know basis and will only be disclosed to third parties without the consent of client, if there is a significant risk of harm to a child or adult.

DETAILS OF REFERRING AGENT	
Date of referral	
Agency Name and Borough	
Referrer's Name and Job Title	
Referrer's Contact Telephone and Email	
Referrer's Relationship to Client	
CLIENTS DETAILS	
Name:	
DOB:	
Marital Status:	**Married** ☐ **Widowed** ☐ **Separated** ☐ **Single** ☐ **Common-law** ☐ **Civil Partnership** ☐ **Divorced** ☐
Contact details:	**Home:** **Safe to call? Yes** ☐ **No** ☐ **Mobile:** **Safe to call Yes** ☐ **No** ☐ **Email**:

Safety: is it safe to:	**Send post?** **Yes** ☐ **No** ☐ **Send emails?** **Yes** ☐ **No** ☐ **Send texts?** **Yes** ☐ **No** ☐ **Leave voicemails?** **Yes** ☐ **No** ☐
Current Address:	**Address including Borough and Postcode:**
Housing Status:	Local Authority Refuge Housing Association Private Rental Sole/Joint Tenancy Owner Other
Danger area/s	
Has client been referred to MARAC? If so, please provide details	
Client's immigration status British citizen/spouses visa/student/work visa/ asylum seeker/refugee/over stayer or any others	
Client's language?	
PERPETRATOR/S DETAILS	
Name:	
Date of Birth:	
Relationship to client:	
Does the perpetrator still live with the client or have access to her current address? Y / N	
Criminal record?	
Crime reference number:	
Date of last Incident:	
Were the police involved?	
Details of police officer in charge	
Any Bail conditions?	
PREGNANCY AND CHILDREN	
Is the client pregnant? Y / N	

If yes, please provide expected due date	
Is the client caring for/has any children? Yes ☐ No ☐ If yes, please provide their details	

Name		**Relationship to client**		**D.O.B**		**Perp's child? Y/N**		**Living with client?**	
Name		**Relationship to client**		**D.O.B**		**Perp's child? Y/N**		**Living with client?**	
Name		**Relationship to client**		**D.O.B**		**Perp's child? Y/N**		**Living with client?**	

Any other information/concerns in regards to the children:

Details of social worker:

Presenting issue/s (tick all that apply):

☐ **Physical abuse**	☐ **Gang-related**	☐ **Sexual Assault**
☐ **Emotional abuse**	☐ **Harassment**	☐ **Sexual bullying**
☐ **Financial abuse**	☐ **Prostitution**	☐ **Sexual exploitation**
☐ **FGM**	☐ **No recourse to public funds**	☐ **Sexual harassment**
☐ **Forced Marriage**	☐ **Rape**	☐ **Stalking**
☐ **"Honour" based violence**	☐ **Childhood Sexual Abuse**	☐ **Trafficking**
☐ **Childhood physical/sexual abuse**	☐ **Housing/homelessness**	☐ **Immigration**
☐ **Welfare benefits**	☐ **Other – please state:**	

Please provide a brief outline of the case, detailing any risk factors identified, your agency's involvement/intervention (including referrals made to other agencies) and details of any other information we need to be aware of:

Please provide information about the specific support/interventions/needs of the client:

CLIENT'S SPECIFIC NEEDS							
None	Visually impaired	Hearing impaired	Mobility disability	Learning disability	SOVA – vulnerability	Progressive or chronic illness	
OTHER NEEDS:							
Mental Health		Alcohol		Drug use		Other	

Other agencies involved

Name	Job Title/Relationship	Agency Details	Address, Telephone & email	

MONITORING INFORMATION

Ethnic background

- ☐ Asian Bangladeshi
- ☐ Asian British
- ☐ Asian Indian
- ☐ Asian Pakistani
- ☐ Asian Other
- ☐ Black African
- ☐ Black British
- ☐ Black Caribbean
- ☐ Black other
- ☐ Prefer not say
- ☐ Chinese
- ☐ Latin American
- ☐ Middle Eastern
- ☐ Mixed Ethnicity
- ☐ White British
- ☐ White Irish
- ☐ White European
- ☐ White Other
- ☐ Other – please specify

Religion/Belief

☐ Agnostic ☐ Atheist ☐ Baha'i ☐ Buddhist ☐ Christian

☐ Hindu ☐ Humanist ☐ Jain ☐ Jewish ☐ Muslim

☐ Rastafarian ☐ Sikh ☐ Zoroastrian ☐ None ☐ Other

☐ Prefer not to say

Sexuality

☐ Bisexual ☐ Heterosexual ☐ Lesbian ☐ Other

☐ Prefer not to say

Gender/Identity

☐ Female ☐ Transgender ☐ Other – please specify ☐ Prefer not to say

Disability Issues

Yes ☐ No ☐ Registered Disability ☐

☐ Blindness/Visual impairment ☐ Deafness or Partial Hearing

☐ Learning/Cognitive/Memory Difficulty ☐ Mental Health

☐ Mobility Difficulty ☐ Other Disability – please state

☐ Prefer not to say ☐ Not deaf or disabled

Please email the completed form to:
The Asian Women's Resource Centre: referrals@asianwomencentre.org.uk

Please use this section to add any further information.