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| **THERAPEUTIC SERVICES REFERRAL FORM** |
| **To which service do you wish to be referred?**  **Ukraine  London Therapeutic Adult**  **Lewisham**  **New Roots – London**  **\*See end of document for referral conditions for each of these therapeutic services.** |
| **Please note, we** **are not a crisis service and cannot work with serious psychiatric disorders. If you have immediate concerns for your clients, please take them to their GP or to their local hospital’s A&E.**  **Please tick here to confirm that you have read and understood the above statement** |

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| **If available, would the young person prefer one to one therapy sessions or group therapy sessions?**  **1:1 sessions  Group sessions  Either/No specified Preference** |

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| **CLIENT’S DETAILS** | | |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** | | |
| **First Name:** | | **Surname:** |
| **Current Client Address:** | | **Nationality:** |
| **Telephone:** |
| **Email Address:** |
| **DOB:** | **Age:** | **Gender: Female  Male  Non-binary** |
| **Living arrangements: Foster Care  Home Office Accommodation**  **Independent  Local Authority Accommodation**  **Destitute  Sponsored Accommodation (Ukraine)**  **Other:** | | |
| **Living arrangement additional information (for example, type of local authority accommodation):** | | |
| **Interpreter required:**  **Yes**  **No** | | **Interpreter gender:**  **Male**  **Female** |
| **Preferred Language:** | | **Other Languages:** |

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| **LEGAL REPRESENTATION (If applicable)** | |
| **Solicitor Firm:** | **Assigned Solicitor:** |
| **Address of firm:** | **Email:** |
| **Telephone:** |

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| **IMMIGRATION AND SUPPORT STATUS** | |
| **Date of arrival in UK:** | |
| **Applied for asylum (Date \_\_\_\_\_\_\_\_\_\_\_)  Fresh claim/Appeal**  **Refugee Status (Date Granted \_\_\_\_\_\_\_\_)  Ukraine Family Scheme**  **Homes for Ukraine  Other:** | |
| **In detention? Yes  No** | **Date of detention:** |
| **Home Office Reference Number:** | **Port Reference Number:** |
| **Biometric Residency Permit Number:** | **Other reference Number (please specify):** |

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| **REFERRAL REASONS** |
| **Please indicate which of the following, if any, that you have concerns about:**  **Sadness  Home life  Sleeping  Isolation  Suicide**  **Depression  Drugs/alcohol  Immigration  Self harm  Eating**  **Other:** |
| **Presenting Issues of Client (that lead to this referral):** |
| **Mental health concerns or diagnosis if applicable:** |
| **Other relevant Health issues:** |
| **Practical and/or social concerns:** |
| **Other relevant Information:** |
| **Other agencies involved (e.g. Freedom from Torture, Community Mental Health Team, Social Services, Domestic Violence agencies etc if known):** |

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| **GP SURGERY DETAILS** | |
| **GP Surgery:** | |
| **Assigned GP:** | |
| **GP address:** | |
| **GP email:** | **GP telephone:** |

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| **REFERRAL’S DETAILS** | |
| **Name of Referrer and Organisation:** | **Organisation:** |
| **Position:** | **Telephone:** |
| **Referrer Address:** | |
| **Referrer Email Address:** | |

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| **DECLARATION** | |
| By submitting this form, I consent to The Refugee Council storing and using the above personal information, in order to provide a service for me/the client (please delete as appropriate). | |
| **Signed:** | **Date:** |
| Please return this form to the Adult London Therapeutic Services email: [London.therapeutic@refugeecouncil.org.uk](mailto:London.therapeutic@refugeecouncil.org.uk) | |

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| **THERAPEUTIC SERVICES DETAILS** |
| **Therapeutic Services run seven projects which are offered remotely with some limited availability for face to face therapy. If the project that you are referring to is closed then we will not be able to accept the referral. Please note we normally have up to approximately a 3 month wait before the first client contact is made.**   1. **London Therapeutic Adult (LTW):**   Adult Therapeutic Services for both men and women seeking asylum; located in London and the surrounding area.   1. **New Roots Therapy - London:**   Adult Therapeutic Services for men or women who have been granted Refugee Status, HP or family reunion visa and are over 18, located in London only.   1. **Ukraine Therapeutic – London:**   Up to 12 weeks of 1-2-1 therapeutic sessions, psychosocial group sessions and peer support for hosts via reflective practice. Adult therapeutic services for Ukrainians based in London, who have come to the UK under the Ukraine Family or Homes for Ukraine schemes.   1. **Lewisham Resettlement Project:**   Therapeutic Services for adults based in Lewisham who have been resettled under ARAP, ACRS, UKRS or VCRS. They should have an open case and be referred within their support period and be referred by Refugee Council or LRMN resettlement workers. |