

## Shakti Women's Aid Agency Referral Form

Please complete this page 1 of this form to make a referral to Shakti Women's Aid and ask the service user to complete page 2/3. If it is not possible for the service user to complete this page herself, please complete in as much detail as possible.

These questions are being asked to ensure that we are able to offer suitable support and/or accommodation to the service user.

Name of person making referral:	
Organisation & Position:	
Contact Tel. No:	
Email address:	
How are you currently supporting this woman/ family and will this support continue?	
Are there any relevant details which we should know about the client e.g. additional needs?	
If the service user has to travel to this area does she have enough money to do this?	
Is there any immediate risk to the client/family?	
Has a risk assessment been carried out?	



## <u>Initial Referral – Personal Details</u>

Name:			Dat	e of birth:	
Preferred			National		
Name:				urance No:	
Contact			Is it	safe to	
Number:			call	?	
Current			Is th	his	
Current Address :			per	manent or	
Address .			tem	nporary?	
Child's name		Date of Birth		M/F	Resident with you Y/N
Are vou experie	encing domestic				
abuse?	0 11 1111				
How did you hear about Shakti					
Women's Aid?					
Do you require an interpreter? If yes,					
what is your first language?					
What type of Visa do you have, and					
when does it expire?					
(eg. Visiting, Spousal, Dependant etc.)					
Do you have recourse to public					
funds? (Would you be entitled to benefits if					
necessary?)					
Do you have any additional needs					
related to mobility, mental health, physical health, addiction, learning					
difficulties or of	_				
Who did you suffer abuse from? (eg. Husband, in-laws etc.)					
When was the last incident?					
When was the	idst illeidelit:				
What is your ethnic background?					
What is your Nationality?					
Please circle what type of support are		General support   Advocacy   Refuge/ Housing			
you requesting:		Emotional Support   Rights/Legal Issue   Practical Support			
		li li	mmig	gration   Be	nefits   Other



Additional Information:	Please use this space to give us any additional information		
	that you think is relevant:		
Signed	Date		