

Date Referral Received:

(Office Only)



The Snowdrop Project

Midcity House,

17 Furnival Gate

Sheffield,

S1 4QR

Counselling Referral Form

Personal Details									
Surname				First name					
Known as				Date of birth					
Sex				Age					
Marital status				Children					
Faith/Religion									
Address									
Contact no.					Post code				
Referee					Relationship				
Contact no.					Email				
Nationality and Language									
Nationality				Primary language					
UK Status		EU national		Asylum Seeker		Refugee		British national	
English		None	Poor	Basic		Good		Fluent	
Interpreter		No need		During interview		Occasionally		Regularly	
Literacy (1 st language)		Illiterate		Poor	Basic	Good		Fluent	
Literacy (English)		Illiterate		Poor	Basic	Good		Fluent	
Other communication needs									
Have you made a complaint or given evidence against your traffickers as part of an ongoing police investigation?		Yes <input type="checkbox"/> No <input type="checkbox"/> NB: Please note this may effect the kind of counselling we may be able to offer							
Health									
GP Details									
Current medication									

General health (e.g. sleep, aches and pains, colds, diet...)					
Physical disabilities					
Substance misuse	N/A	Historic	Recent detox	Current – low	Current - high
If relevant, provide details					
<u>Counselling</u>					
Has the client had previous counselling? If so, please provide brief details					
Current counselling requirement:					
Relaxation techniques					
Trauma counselling (related to past events)					
Psychological assessment/report					
Counselling for current mental health difficulties (e.g depression, OCD, anxiety etc)					
Other (please state)					
Are you (or your client) interested in taking part in group wellbeing sessions? <i>Please note if you attend group wellbeing sessions and you would still like one to one counselling you will need to re-register on our waiting list.</i>					

What are the presenting issues?

What would the client hope to gain from counselling?

Current life

Is there an on going police investigation? If so, please provide brief details of the stage of investigation and what the client has been involved in.

Length of time out of 'trafficking'

Length of time out of safe house (if applicable)

Current level of social support:

Current housing situation (including risk of homelessness)

Safeguarding issues or concerns (e.g: known suicidal ideation, self harm, absconding, DV etc)

If the client has children, are there any safeguarding issues to be aware of?

Please provide brief details of the previous exploitation

Case worker/referrer: _____

Date: / /

Signed: _____

Client: _____

Date: / /

Signed: _____

If you would like your caseworker/referrer to be kept informed on your behalf about changes to your status on our waiting list please give permission below:

I consent to my original caseworker/referrer to receive information on my behalf

Date: / /

OFFICE USE ONLY

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