**Ubuntu Women Shelter Agency Referral Form**

Please fill out the below referral form with as much detail as you can, as this will aid staff in supporting survivors. We will endeavour to respond to all referrals as soon as we can.

| **AGENCY DETAILS** | |
| --- | --- |
| NAME |  |
| AGENCY AND ROLE |  |
| DATE OF REFERRAL |  |
| CONTACT NUMBER |  |
| ADDRESS |  |
| EMAIL ADDRESS |  |
| **SERVICE USER CONSENT** | |
| IS THE SERVICE USER AWARE OF THE REFERRAL BEING MADE?   * YES * NO | |
| DOES THE SERVICE USER CONSENT TO THEIR PERSONAL INFORMATION BEING SHARED WITH THE UBUNTU?   * YES * NO   If there is NO consent, please advise what involvement you would like from Ubuntu: | |
| HAS THIS REFERRAL BEEN COMPLETED IN ACCORDANCE WITH GDPR?   * YES * NO | |

| **SERVICE USER DETAILS** | | | |
| --- | --- | --- | --- |
| NAME |  | | |
| PREFERRED NAME/ ALIAS |  | | |
| DATE OF BIRTH |  | | |
| ADDRESS |  | | |
| MOBILE NUMBER  (USE/DO NOT USE) |  | | |
| OTHER NUMBER  (USE/DO NOT USE) |  | | |
| EMAIL ADDRESS |  | | |
| NEXT OF KIN: | NAME:  NUMBER:  EMAIL ADDRESS: | | |
| WHEN IS IT SAFE TO CONTACT THIS SERVICE USER? |  | | |
| PREFERRED METHOD OF CONTACT | * PHONE CALL * TEXT * EMAIL | | |
| NATIONALITY |  | ETHNICITY |  |
| GENDER |  | SEXUAL ORIENTATION |  |
| RELIGION |  | DISABILITY/  IMPAIRMENT |  |
| LANGUAGE |  | INTERPRETER REQUIRED? |  |
| IMMIGRATION STATUS |  | ACCESS TO GP? |  |
| **REQUESTED SERVICE**  **Please tick the relevant service** | | | |
| * ACCOMODATION * VAWG ADVOCACY * OUTREACH SUPPORT * WELLBEING SERVICES * HEALTHCARE SERVICES | | | |
| **DEPENDANT DETAILS (UK ONLY)** | | | |
| NAME | GENDER | RELATION TO SERVICE USER | AGE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PERPETRATOR DETAILS (UK ONLY)** | | | |
| NAME | GENDER | RELATION TO SERVICE USER | AGE |
|  |  |  |  |
| **REASONS FOR REFERRAL** | | | |
| Please describe the issues the service user is facing and what key support you believe they would benefit from: | | | |

Name of Referring Agency Caseworker:

Signature of Referring Agency Caseworker

Contact Number of Referring Agency Caseworker

Name of Ubuntu Caseworker

Signature of Ubuntu Caseworker

Name of Service User

Signature of Service User

**Date**:

**Privacy Notice**: *All personal information collected, stored and used by Ubuntu Women Shelter will be held within the provisions of the General Data Protection Regulation 2018. Ubuntu Women Shelter collects and uses your personal information to help keep you safe, we will also use this information to improve the service we offer you and others. More importantly, we collect and use your personal information to manage the services we offer at Ubuntu Women Shelter. We do not share personal information with third parties except where it is necessary in order to carry out our objectives or comply with our legal obligations. Generally, the information that you share with us will be treated as confidential by Ubuntu Women Shelter. This means that only authorised people will have access to this information unless you say otherwise. There may be times when it is useful for someone from Ubuntu to share information about you with other agencies, such as the police or safeguarding, if your situation is deemed to be ‘high risk’. Unless your situation is ‘high risk’ your advocate must ask for your permission to share this information and you will be able to say yes or no. For our full privacy policy please email info@ubuntu-glasgow.org.uk to request a copy.*

| **FOR OFFICE USE ONLY** | | | |
| --- | --- | --- | --- |
| ACTIONS TAKEN: | | | |
| **OTHER AGENCY/PROFESSIONAL INVOLVED** | | | |
| NAME | DATE OF FIRST INVOLVEMENT | NATURE OF INVOLVEMENT /  SUPPORT PROVIDED | |
|  |  |  | |
|  |  |  | |
|  |  |  | |