



**Raising My Voice Foundation**  
Azra Kemal Legacy Projects

**Referral Assessment Form**

**To be completed by the Referrer on Application to Raising My Voice  
Foundation**

**Contact Number: 01913771626**

**Email Address: [referral@rmvf.org](mailto:referral@rmvf.org)**

### Woman's Details

<b>Name:</b>	
<b>Current Address:</b>	
<b>Contact number:</b>	
<b>Date of birth:</b>	
<b>NI No:</b>	
<b>Gender:</b>	
<b>Ethnic origin:</b>	
<b>Dependents:</b>	
<b>Next of kin:</b>	
<b>Relationship and contact details:</b>	

### Referring Organization Details

<b>Date:</b>	
<b>Referring Organization and Address:</b>	
<b>Contact Person:</b>	
<b>Email address:</b>	
<b>Contact Number:</b>	

Is the Woman aware that the referral is being made?  Yes  No

## Service Referring To:

Please consider prior to making the decision each service and its eligibility criteria. Please now indicate which service you wish to apply for below:

Services	Preference
Accommodation and Support	
Support	

1. Do we need to provide any further support to make our service accessible to the Woman? I.e., Interpreter, signer, accessible location  Yes  No
2. Please explain what specific issues the Woman has been experiencing and how you feel Raising My Voice Foundation could assist?

Where is the Woman currently living?

Council tenant <input type="checkbox"/>	With friends /relatives <input type="checkbox"/>
Housing association <input type="checkbox"/>	Hostel / Supported accommodation <input type="checkbox"/>
Private rented <input type="checkbox"/>	Sleeping rough <input type="checkbox"/>
Owner Occupier <input type="checkbox"/>	
B&B <input type="checkbox"/>	Probation / Bail hostel <input type="checkbox"/>
Hospital <input type="checkbox"/>	Residential Care home <input type="checkbox"/>
Prison <input type="checkbox"/>	Sofa Surfing <input type="checkbox"/>
Other ...	

How long has the Woman resided at the current address?

<b>Support Area</b>	<b>Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement</b>	<b>Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)</b>
<p><b>Is the Woman at risk from other people?</b></p> <p><b>Is there any domestic abuse issues? Domestic abuse can include Coercive control, Psychological and/or emotional abuse, Physical or sexual abuse, Financial or economic abuse, Harassment and slaking and online or digital abuse.</b></p> <p><b>Is the Woman experiencing or at risk of above or other?</b></p>		
<p><b>Is the Woman at risk of sexual exploitation? Sexual exploitation can include rape, prostitution, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting</b></p> <p><b>Is the Woman experiencing or at risk of above or other?</b></p>		
<p><b>Level Of Risk (High/Medium/Low)</b></p>		

<b>Support Area</b>	<b>Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement</b>	<b>Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)</b>
<p>Current Issues / needs, with housing.</p> <p>History of Specific Difficulties encountered with their housing, including current and former arrears, recharges, HB overpayments, abandonment, difficulties with neighbour nuisance, condition of property, visitors to their home.</p>		
<p>Does the Woman have difficulty in managing their finances? Debts,</p>		
<b>Level Of Risk (High/Medium/Low)</b>		

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<p>Is the Woman responsible for any dependent children?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please Give detail if any there is contact with Social Services or any involvement (Child or/and adults social services teams).</p>		
<b>Level Of Risk (High/Medium/Low)</b>		

<b>Support Area</b>	<b>Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement</b>	<b>Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)</b>
<p>Does the Woman have a history of drug misuse? Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of whether this is past or current, including current treatment and any contact details of services and name of worker.</p>		
<p>Does the Woman have any history of alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of whether this is past or current, including current treatment and any contact details of services and name of worker</p>		
<b>Level Of Risk (High/Medium/Low)</b>		

Support Area	Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement	Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)
<p>Does the Woman have any physical health problems?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details.</p>		
<p>Does the Woman have any Blood Borne Viruses or Infections?  i.e., HIV, Hep B, Hep C.</p> <p>Please provide details of current treatment</p>		
<p><b>Level Of Risk (High/Medium/Low)</b></p>		



Support Area	Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement	Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)
<p>Is the Woman currently taking any medication?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide a list</p> <p>Do they have any difficulties in taking their medication?</p>		
<p>Does the Woman have any mental health issues?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide details of involvement with mental health service.  Does their Mental Health have an impact on risk?</p>		
<p><b>Level Of Risk (High/Medium/Low)</b></p>		

Support Area	Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement	Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)
<p>Has the Woman ever had suicidal thoughts / plans, or have they caused harm to them self?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does the Woman have any learning difficulties?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>Level Of Risk (High/Medium/Low)</b></p>		

<b>Support Area</b>	<b>Support Needs (Brief Description of past and current issues and a description of current needs) <u>Please add names and contact details of any other agency involvement</u></b>	<b>Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)</b>
<p>Please state fully any previous convictions the Woman may have: Include date of offences, detail the offence including if the victim was known to the Woman.</p> <p>Please also detail the outcome of the offence including details of Prison Sentences / Court Orders.</p>		
<p>Does the Woman have any other history of violence or aggressive behaviour, including stalking/harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details Has this ever been aimed at Staff?</p>		
<b>Level Of Risk (High/Medium/Low)</b>		

<b>Support Area</b>	<b>Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement</b>	<b>Associated Risk to Woman Staff and Others (Brief Description of the risk, trigger factors signs and current management)</b>
<p>Does the Woman have any history of fire setting?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Would the Woman be able to receive home visits from a lone worker?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>Level Of Risk (High/Medium/Low)</b>		

**PLEASE ADD ANY FURTHER COMMENTS**

**Date and Signature of person making the referral**

Signature:

Print Name:

Capacity:

Date:

**EQUAL OPPORTUNITIES MONITORING FORM**

Please could you respond to this information request positively as it will help us to ensure that our policies, procedures, and practices do not inadvertently discriminate against you because of your ethnicity, disability, gender, sexual orientation, age or religion and belief

## ETHNICITY

How would you describe yourself?

Asian or Asian British <ul style="list-style-type: none"><li><input type="checkbox"/> Bangladeshi</li><li><input type="checkbox"/> Indian</li><li><input type="checkbox"/> Pakistani</li><li><input type="checkbox"/> Any other please write here</li></ul>
Black or Black British <ul style="list-style-type: none"><li><input type="checkbox"/> African</li><li><input type="checkbox"/> Caribbean</li><li><input type="checkbox"/> Any other, please write here</li></ul>
Chinese or another ethnic group <ul style="list-style-type: none"><li><input type="checkbox"/> Chinese</li><li><input type="checkbox"/> Any other, please write here</li></ul>
Mixed heritage <ul style="list-style-type: none"><li><input type="checkbox"/> White and Asian</li><li><input type="checkbox"/> White and Black African</li><li><input type="checkbox"/> White and Black Caribbean</li><li><input type="checkbox"/> Any other, please write here</li></ul>
White <ul style="list-style-type: none"><li><input type="checkbox"/> British</li><li><input type="checkbox"/> English</li><li><input type="checkbox"/> Irish</li><li><input type="checkbox"/> Scottish</li><li><input type="checkbox"/> Welsh</li><li><input type="checkbox"/> Traveller</li><li><input type="checkbox"/> Any other, please write here</li></ul>
<input type="checkbox"/> Prefer not to say

## DISABILITY

Do you have a physical or mental impairment or long-term health condition?

Is this expected to last, or has it lasted, for a year or longer

Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis?

Do you consider yourself to have a disability or long-term health condition?

What is the effect or impact of your disability or health condition?

- Prefer not to say
- Mobility
- Mental health
- Learning disability
- Hearing impairment
- Visual impairment
- Progressive disability/chronic illness
- Other, please write here

## GENDER

Would you describe yourself as:

- Male
- Female
- transgender
- Prefer not to say

Is this the gender identity the same as the gender you were assigned at birth

- Yes
- No

## SEXUAL ORIENTATION

What is your sexual orientation?

- Bisexual
- Gay man
- Gay woman/Lesbian
- Heterosexual/straight
- Other
- Prefer not to say



## AGE

What is your date of birth?

## RELIGION AND BELIEF

Please tick the box which best describes you:

- Buddhist
- Christian
- Hindu
- Jew
- Muslim
- Sikh
- Other religion or belief (please state)
- No religion
- Prefer not to say

Thank you for your time, this information will only be used for monitoring the accessibility of our services and to ensure continuous improvement.

**Consent:**

Under the data protection Act 1998 it is a requirement to obtain your consent to share information about you with other agencies and organizations which may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.

I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult and community services, landlords, police, probation, benefits agencies, and housing benefit offices.

I understand that this information will only be made available to all providers/organizations that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation

Signed (Applicant)

Date:

If obtaining a signature was not possible, tick to confirm you have the applicant's verbal consent