



ADULT PROGRAMME REFERRAL FORM

NAME:

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: ___/___/___ GENDER: M / F

ADDRESS (If safe to Give)

REASON FOR REFERRAL: _____

LADIES FREEDOM PROGRAMME

TELEPHONE/MOBILE NUMBER: _____

IS IT SAFE TO LEAVE MESSAGE OR TEXT? _____

IS IT SAFE TO POST INFORMATION? _____

EMAIL ADDRESS: (Essential for Zoom Participants)

FURTHER INFORMATION / HISTORY: _____

Is perpetrator still living in the home? Yes/No

Does perpetrator have contact with child(ren)? Yes/No

SIGNED:

DATE:

Do you give consent for your information to be stored YES/NO

Do you consent to us sharing information with relevant third parties YES/NO

DATE RECEIVED:

Staff use only:

Date of contact	Information/details

Registered Charity 1175345

FOR STATISTIC PURPOSES ONLY: Please tick as appropriate

GENDER

Male: Female: prefer not to say:

SEXUAL ORIENTATION

Heterosexual Bisexual Homosexual Prefer not to say

Do you consider yourself to have a disability?

Yes No

ETHNICITY:

WHITE:

English/ Welsh/ Scottish/ Northern Irish/ British

Irish

Gypsy or Irish traveller

Other

MIXED/MULTIPLE ETHNIC GROUPS

White and Black Caribbean

White and Black African

White and Asian

Asian/ Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other

Black/ African/ Caribbean/ Black British

African

Caribbean

Other

OTHER ETHNIC GROUP

Arab

Other

RELIGION

Christian

Catholic

Muslim

Sikh

Hindu

Jewish

Other

Not Affiliated