**Hillingdon Women’s Centre Referral Form – For professional use only**Please send the completed form, along with any supporting documents to [info@hillingdonwomenscentre.org](mailto:info@hillingdonwomenscentre.org)

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| **Referring Organisation Details** | | | |
| Name |  | Address |  |
| Organisation |  | Email |  |
| Job Title |  | Phone |  |

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| --- | --- | --- |
| **Client Information** | | |
| Forename(s) |  | |
| Surname |  | |
| Date of Birth |  | |
| Preferred Pronouns (if known) |  | |
|  | Safe to contact? | |
| Telephone |  | Yes ☐  No ☐ |
| Email |  | Yes ☐  No ☐ |
| Address and Postcode |  | Yes ☐  No ☐ |
| Country of Origin |  | |
| Immigration Status/Visa |  | |
| Main Language(s) Spoken |  | |

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| **Client Summary** | | |
| Please provide a detailed summary about your client’s situation. Outline any support measures already in place and how HWC can help. | | |
|  | | |
| Are there any safety or risk concerns we need to know about? | Yes ☐ | No ☐ |
| If yes, please provide further detail (attach any additional information to this document as necessary) | | |
| Does your client have any dependents? | Yes ☐ | No ☐ |
| Are they currently in employment? | Yes ☐ | No ☐ |
| Are any other key agencies working with this client? | Yes ☐ | No ☐ |
| If yes, please provide further detail below | | |

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| **Additional Information** | | |
| Does your client have a disability or health condition? | Yes ☐ | No ☐ |
| Are there any language barriers we need to be aware of? | Yes ☐ | No ☐ |
| Please outline any support requirements below | | |

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| **Client Consent** | | |
| Has your client consented to this referral? | Yes ☐ | No ☐ |
| Type of consent | Written ☐ | Verbal ☐ |
| We are unable to contact referrals without client consent and a safe contact method | | |

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| **Signed Declaration** | |
| Name |  |
| Signature |  |
| Date |  |
| By signing this form, you are confirming that the information provided is accurate at time of completion and that your client has consented to this referral to HWC. | |