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| **Adult Lewisham Therapeutic service -London** |
| **Please note, we** **are not a crisis service and cannot work with serious psychiatric disorders. If you have immediate concerns for your clients, please take them to their GP or to their local hospital’s A&E.**  **Please tick here to confirm that you have read and understood the above statement** |

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| **If available, would the client prefer one to one therapy sessions or group therapy sessions?**  **1:1 session  Group sessions  Either/No specified Preference** |

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| **CLIENT’S DETAILS** | | |
| **Confirm Consent has been given by client to be added to RC database: (Y/N)** | | |
| **First Name:** | | **Surname:** |
| **Current Client Address:** | | **Nationality:** |
| **Telephone:** |
| **Email Address:** |
| **DOB:** | **Age:** | **Gender: Female  Male  Non-binary** |
| **Living arrangements: Home Office Accommodation**  **Independent  Local Authority Accommodation**  **Destitute  Sponsored Accommodation (Ukraine)**  **Other:** | | |
| **Living arrangement additional information (for example, type of local authority accommodation):** | | |
| **Dependents information (include name, relationship to client and DOB)** | | |
| **Interpreter required:**  **Yes**  **No** | | **Interpreter gender:**  **Male**  **Female** |
| **Preferred Language:** | | **Other Languages:** |

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| **LEGAL REPRESENTATION (If applicable)** | |
| **Solicitor Firm:** | **Assigned Solicitor:** |
| **Address of firm:** | **Email:** |
| **Telephone:** |

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| **IMMIGRATION AND SUPPORT STATUS** | |
| **Date of arrival in UK:** | |
| **Afghan Relocation Assistance Programme (ARAP)  Afghan Citizens Resettlement Scheme (ACRS)**  **Vulnerable Persons Resettlement Scheme (UKRS)** | |
| **Applied for asylum (Date \_\_\_\_\_\_\_\_\_\_\_)  Fresh claim/Appeal**  **Refugee Status (Date Granted \_\_\_\_\_\_\_\_)  Home for Ukraine**  **Other:** | |
| **In detention? Yes  No** | **Date of detention:** |
| **Home Office Reference Number:** | **Port Reference Number:** |
| **Biometric Residency Permit Number:** | **Other reference Number (please specify):** |

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| **REFERRAL REASONS** |
| **Please indicate which of the following, if any, that you have concerns about:**  **Sadness  Home life  Sleeping  Isolation  Suicide**  **Depression  Drugs/alcohol  Self harm  Eating**  **Other:** |
| **Presenting Issues of Client (that lead to this referral):** |
| **Mental health concerns or diagnosis if applicable:** |
| **Other relevant Health issues:** |
| **Practical and/or social concerns:** |
| **Other relevant Information:** |
| **Other agencies involved (e.g. Freedom from Torture, Community Mental Health Team, Social Services, Domestic Violence agencies etc if known):** |

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| **GP SURGERY DETAILS** | |
| **GP Surgery:** | |
| **Assigned GP:** | |
| **GP address:** | |
| **GP email:** | **GP telephone:** |

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| **REFERRAL’S DETAILS** | |
| **Name of Referrer and Organisation:** | **Organisation:** |
| **Position:** | **Telephone:** |
| **Referrer Address:** | |
| **Referrer Email Address:** | |

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| **DECLARATION** | |
| By submitting this form, I consent to The Refugee Council storing and using the above personal information, in order to provide a service for me/the client (please delete as appropriate). | |
| **Signed:** | **Date:** |
| Please return this form to the London Resettlement Therapeutic Services email: [Londonresettlement.ts@refugeecouncil.org.uk](mailto:Londonresettlement.ts@refugeecouncil.org.uk) | |

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| **LONDON RESETTLEMENT THERAPEUTIC SERVICES** |
| 1. **Lewisham Resettlement, HFU and Asylum Therapeutic Project:**   Lewisham Asylum and Resettled Emotional project offer therapeutic Support for people seeking asylum based in the contingency accommodation (adult, family, and children), People from Ukraine on the Homes for Ukraine (HFU) scheme and resettled clients under ARAP, ACRS, UKRS or VCRS and VPRS. |