|  |
| --- |
| **Resettlement and Asylum Therapeutic Service Referral Form**  |
| **Lambeth Theraputic service [ ]**  |
| **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 [ ]** **\* The referral criteria and the main presenting symptoms addressed by Lambeth's therapeutic services are at the end of the document.** |

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

|  |
| --- |
| **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 [ ]  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:** |

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

|  |
| --- |
| **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: [ ]**  |
| **Home Office Reference Number:** | **Other reference Number (please specify):** |
| **Biometric Residency Permit Number:**  |  |

|  |
| --- |
| **REFERRAL REASONS** |
| **Please indicate which of the following, if any, that you have concerns about:****Sadness [ ]  Home life [ ]  Sleeping [ ]  Isolation [ ]  Suicide [ ]** **Depression [ ]  Drugs/alcohol [ ]  Immigration [ ]  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):**  |

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

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

|  |
| --- |
| **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 Adult London Therapeutic Services email: Londonresettlement.ts@refugeecouncil.org.uk |

|  |
| --- |
| **THERAPEUTIC SERVICES DETAILS** |
| • Lambeth Resettlement Therapeutic Services offers one-on-one therapeutic support and group therapy to resettled refugees who are dealing with mental health challenges. These challenges may include anxiety, low mood, loneliness, social isolation, insomnia, flashbacks, nightmares, intrusive thoughts and images, emotional dysregulation, re-experiencing trauma through negative feelings, numbness, withdrawal from people and places, and a strong sensitivity to loud noises, smells, and certain visual stimuli during times of heightened stress.• This service is for adults, children and family based in Lambeth who have been resettled under ARAP, ACRS, UKRS or VCRS and VPRS. Referrals come through SHP. |