# External Referral Form

## Referral

| | |
|---|---|
| **Date of referral:** | 29/01/2026 |
| **Referring Agency:** | Click or tap here to enter text |
| **Referrer's contact number:** | Click or tap here to enter text |
| **Referrer's email:** | Click or tap here to enter text |
| **Has the person you are referring consented to this referral being made?** | ☒ No ☐ Yes |
| **Please indicate which service you are referring to**:<br>(Please note that Gaia will be overseeing and processing all referrals. You can indicate more than one service: an overview of all services is provided below) | ☐ Gaia<br>☐ Africa Advocacy Foundation (AAF)<br>☐ Bede* (Referrals from Gaia only)<br>☐ Respeito<br>☐ Spires |

| **Referral Criteria to Gaia:** | **Referral Criteria to Africa Advocacy Foundation:** | **Referral Criteria to Bede:** | **Referral Criteria to Respeito:** | **Referral Criteria to Spires:** |
|---|---|---|---|---|
| Gala supports anyone who lives, works and studies in Lambeth who has experienced, or who might be at risk of experiencing, any forms of gender based violence including:<br>• Domestic abuse and violence<br>• Female genital mutilation/cutting<br>• Forced marriage<br>• So called 'honour' based abuse<br>• Sexual exploitation including Child Sexual Exploitation<br>• Sexual violence<br>• Stalking and harassment<br>Gaia supports all gender 16+. We also provide support to children and young people of all genders 0–25 who have witnessed or experienced any strands of VAWG. | Africa Advocacy Foundation (AAF) is a culturally specific service supporting women and girls who are from the African diaspora.<br>AAF provides confidential tailored and trauma-informed support including for those with no recourse to public funds.<br>16+ who is at risk of any forms of VAWG, Black-African diaspora, and at risk of/and has undergone female genital mutilation/cutting.<br>AAF is a community-led initiative that aims to equip diaspora communities and marginalised people with the tools they need for better health, safety, prosperity, and the opportunity to lead a fulfilling life. | Note: Only the Gaia Centre can refer to Bede.<br>Bede provides 121 therapeutic support to children and young people age 5-17 years old to process past or current trauma that has been brought on by VAWG issues.<br>Therapist can use various tools to support the child/young person to engage, such as:<br>• Messy play<br>• Paint/sand work.<br>• Talking therapy<br>Girls and boys over 16+ will need to have an allocated social worker/guarding or carer and give a consent to be referred. | Note: Only for Portuguese speaking clients.<br>Respeito provides holistic recovery support for Portuguese speaking victims/survivors of domestic abuse including:<br>• Welfare support Counselling in Portuguese<br>• Interpreting and chaperone services for survivors of domestic abuse and violence<br>• Wellbeing activities such as workshops for all Portuguese-speakers<br>• Community Outreach activities for information and raising awareness on issues related to domestic abuse and violence in Lambeth | Spires Streetlink provides a pre-emptive and preventative service supporting women who are homeless or engage in street-based sex working only.<br>Spires will deliver centrally located, accessible weekly morning drop-in for women met on street-based outreach who are at risk of domestic abuse and violence, sexual exploitation, sexual abuse or other forms of VAWG, to provide support and signpost to relevant services. |

## Client

| | |
|---|---|
| **Name:** | Click or tap here to enter text |
| **Marital status:** | Click or tap here to enter text |
| **DoB** (dd/mm/yyyy)**/Age:** | |
| **Gender:** | Please select from the list |
| **Pronoun:** | Please select from the list |
| **Client's contact number:** | |
| **Safe contact arrangements:**<br>(Safe to leave voicemail at this number? Agreed code word/strategy for contact?) | Click or tap here to enter text |
| **Address:** | Click or tap here to enter text |
| **Postcode:** | Postcode |
| **School details:**<br>(if referral is for a young person) | Click or tap here to enter text |
| **Danger areas** | Click or tap here to enter text |

## Characteristics

| | | |
|---|---|---|
| **Race/ethnicity:** | Please select from the list | |
| **Immigration status:** | Please select from the list | |
| **Main languages spoken:** | Please select from the list | |
| **Interpreter required?** | ☐ No | ☐ Yes<br>Please specify which language |
| **Religion?:** | Please select from the list | |
| **Sexual orientation?:** | Please select from the list | |
| **Disability** | ☐ No | ☐ Yes<br>Please select from the list |

| | | |
|---|---|---|
| **Additional barriers/Needs** | ☐ Mental ill-health | ☐ Substance misuse |
| ☐ No recourse to public funds | ☐ Language barrier | ☐ Homelessness |
| ☐ Young person | ☐ 60+ client | ☐ Black Asian Ethnic Minority Refugee |

| | | |
|---|---|---|
| ☐ Immigration | ☐ Lesbian Gay Bisexual Transgender Queer Intersex Asexual + other (LGBTQIA+ | |
| ☐ FGM | ☐ Forced marriage | ☐ Involvement in sex work or prostitution |
| ☐ So called 'honour based' violence and abuse | ☐ Stalking (non-domestic abuse) | ☐ Sexual violence (non-domestic abuse) |
| ☐ Other (please specify) | Click or tap here to enter text | |
| **Are there any other agencies involved?** (Provide details) | Click or tap here to enter text | |

## Dependents

| | | |
|---|---|---|
| **Are there any children/dependents' who live in the household?** | ☐ No | ☐ Yes |

| **If yes, please include children/ dependents' names:** | **DoB/age:** *Include pregnancy and due date when appropriate | **Gender** (M/F): | **Where do the children/ dependents currently live and with whom?** | **Are the children/ dependents with the alleged perpetrator?** |
|---|---|---|---|---|
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |

| | | |
|---|---|---|
| **Is there current involvement with Children Social Care?** | ☐ No | ☐ Yes |
| **If yes please provide:** Contact details of Social Worker: | Click or tap here to enter text | |
| What borough? | Click or tap here to enter text | |
| **Is there current involved of Adult Social Care?** | ☐ No | ☐ Yes |
| **If yes please provide:** Contact details of Social Worker: | Click or tap here to enter text | |
| What borough? | Click or tap here to enter text | |
| **GP Details**: (Name of GP and surgery details) | Click or tap here to enter text | |

## Housing Status

| | |
|---|---|
| **Type of tenancy** | ☐ Joint tenancy<br>☐ Sole tenancy<br>☐ Perpetrator name only<br>☐ Other (please specify)<br>Click or tap here to enter text |
| **Name of Landlord and contact details** (Please specify if Local authority, Housing Association, private rented, home owner etc) | Click or tap here to enter text |

## Income

| | |
|---|---|
| **Working?** | ☐ No ☐ Yes ☐ F/T ☐ P/T |
| **Are they receiving Benefits?** | ☒ No ☐ Yes |
| **If yes what type of benefit?** | Click or tap here to enter text |
| **How much?** | Click or tap here to enter text |
| **Paid to whom?** | Click or tap here to enter text |

## Alleged perpetrator details

| | |
|---|---|
| **Name of perpetrator:** | Click or tap here to enter text |
| **Relationship to client:** (Please state if the alleged perpetrator is a spouse, ex-partner, family member etc) | Click or tap here to enter text |
| **Address:** (if known) | Click or tap here to enter text |
| **DoB** (dd/mm/yyyy)**/Age:** | |
| **Existing Court Orders?** | ☒ No ☐ Yes |
| If yes, please select from list: | Click or tap here to enter text |
| **Is there any police involvement?** | ☒ No ☐ Yes |
| If yes, please provide details of Officer in Charge and Crime reference numbers if known. | Click or tap here to enter text |
| **Please provide reasons for this referral (including details of the most recent incident) and also the type of support that is required.** | Click or tap here to enter text |

# The Gaia Centre's address is confidential

## How to make a referral

The Gaia Centre accepts self and agency referrals.

Referral forms are to be completed by the referring agency. We will follow this up with the client – either on the telephone or face–to–face, according to their preferences, to offer support.

**Inappropriate Referrals** will be referred /sign posted onto appropriate service.

Please e-mail completed form to: lambethvawg@refuge.org.uk

Tel: 020 7733 8724