



# External Referral Form

## Referral

**Date of referral:**

**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:**

- Gaia
- Africa Advocacy Foundation (AAF)
- Bede\* (Referrals from Gaia only)
- Respeito
- Spires

(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)

Referral Criteria to Gaia:	Referral Criteria to Africa Advocacy Foundation:	Referral Criteria to Bede:	Referral Criteria to Respeito:	Referral Criteria to Spires:
<p>Gaia 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:</p> <ul style="list-style-type: none"> <li>• Domestic abuse and violence</li> <li>• Female genital mutilation/cutting</li> <li>• Forced marriage</li> <li>• So called 'honour' based abuse</li> <li>• Sexual exploitation including Child Sexual Exploitation</li> <li>• Sexual violence</li> <li>• Stalking and harassment</li> </ul> <p>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.</p>	<p>Africa Advocacy Foundation (AAF) is a culturally specific service supporting women and girls who are from the African diaspora.</p> <p>AAF provides confidential tailored and trauma-informed support including for those with no recourse to public funds.</p> <p><u>16+ who is at risk of any forms of VAWG, Black-African diaspora, and at risk of/and has undergone female genital mutilation/cutting.</u></p> <p>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.</p>	<p><b>Note: Only the Gaia Centre can refer to Bede.</b></p> <p>Bede provides 121 therapeutic support to <u>children and young people age 5-17 years old</u> to process past or current trauma that has been brought on by VAWG issues.</p> <p>Therapist can use various tools to support the child/young person to engage, such as:</p> <ul style="list-style-type: none"> <li>• Messy play</li> <li>• Paint/sand work.</li> <li>• Talking therapy</li> </ul> <p>Girls and boys over 16+ will need to have an allocated social worker/guarding or carer and give a consent to be referred.</p>	<p><b>Note: Only for Portuguese speaking clients.</b></p> <p>Respeito provides holistic recovery support for Portuguese speaking victims/survivors of domestic abuse including:</p> <ul style="list-style-type: none"> <li>• Welfare support Counselling in Portuguese</li> <li>• Interpreting and chaperone services for survivors of domestic abuse and violence</li> <li>• Wellbeing activities such as workshops for all Portuguese-speakers</li> <li>• Community Outreach activities for information and raising awareness on issues related to domestic abuse and violence in Lambeth</li> </ul>	<p>Spires Streetlink provides a pre-emptive and preventative service supporting <u>women who are homeless or engage in street-based sex working only.</u></p> <p>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.</p>

## Client

**Name:** Click or tap here to enter text

**Marital status:** Click or tap here to enter text

**DoB (dd/mm/yyyy)/Age:** **Age:**

**Gender:** Please select from the list

**Pronoun:** Please select from the list

**Client's contact number:**

**Safe contact arrangements:** Click or tap here to enter text

(Safe to leave voicemail at this number? Agreed code word/strategy for contact?)

**Address:** Click or tap here to enter text

**Postcode:** Postcode

**School details:** Click or tap here to enter text  
(if referral is for a young person)

**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  
Please specify which language

**Religion?:** Please select from the list

**Sexual orientation?:** Please select from the list

**Disability**  No  Yes  
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?**

Name

No  Yes

Name

No  Yes

Name

No  Yes

Name

No  Yes

Name

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  
 Sole tenancy  
 Perpetrator name only  
 Other (please specify)  
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:

Age:

### Existing Court Orders?

- No  Yes

If yes, please provide details:

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

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**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

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## 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](mailto:lambethvawg@refuge.org.uk)

Tel: 020 7733 8724