

**Referral Form**

By email: [sheffield@togetherwomen.org](mailto:sheffield@togetherwomen.org)

By post: 106 Arundel Lane, Sheffield, S1 4RF

Tel: 0114 2758282

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| **Contact details** | | |
| **First Name:** | **Surname:** | **Date of Birth:** |
| **Address:** | | |
| **Postcode**: | **Contact Details:** | |

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| **I want to be referred to the following group programmes/activities:** | | | | |
| Women Wellbeing Café |  | Healthy Relationships |  |
| Cooking Class |  | Financial Fitness |  |

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| **I want support to:** | | | | | |
| Improve my health |  | Improve my wellbeing |  | Improve my personal safety |  |
| Increase my confidence & self-esteem |  | Increase my participation in community activities |  | Better manage my money |  |
| What support would you like that is not covered above?  Would you like to tell us anything else about yourself? | | | | | |

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| **Dependents** | | |
| **Full Name** | **Gender** | **Dates of Birth** |
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| **Diversity Details** | | | | | | | | |
| **I would describe my ethnic origin as:** | | | | | | | | |
| Asian - Indian | |  | Asian - Chinese | |  | Gypsy or Irish Traveller | |  |
| Asian - Bangladeshi | |  | Asian – any other background | |  | Mixed ethnic background | |  |
| African | |  | Any other Black/African/Caribbean | |  | White Irish | |  |
| Arab | |  | Caribbean | |  | White British | |  |
| Asian - Pakistani | |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Do not wish to answer | |  |
| **I would describe my sexuality as:** | | | | | | | | |
| Bisexual | Heterosexual | | | Lesbian | Other | | I do not wish to answer | |
| **I would describe my religion as:** | | | | | | | | |
| Name: | | | | None | | | I do not wish to answer | |
| **Do you class yourself as having a disability or additional learning needs?** | Yes | | | No | | | I do not wish to answer | |
| If yes, please give details below: | | | | | | | | |
| **Are there any agencies already providing you with support?** | | | | | | | | |
| **Agency**: | | | | | | | | |
| **Worker**: | | | | | | | | |
| **Contact details: Phone Email** | | | | | | | | |
| **Would you consent to us contacting them:** Yes  No | | | | | | | | |

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| **Information sharing. Are you the referring agency?** |
| **Is there any risk associated e.g., self-harm/harm to others** |
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**The information you give on this form will be held in confidence.**

