

Thank you for your interest in Room to Heal.

Please ***complete all sections of the referral form*** and ***submit any relevant documents*** regarding your client’s asylum case and medical situation.

We also ask that before making a referral, you take into consideration the following prerequisites for becoming a member of Room to Heal:

* We offer ***mixed-gender group therapy***. Currently our therapy groups take place on a Tuesday. As such, it is important that members are willing and able to be part of a group based therapeutic programme and on this day. While we are able to offer short-term individual therapy, this is with the ultimate aim of joining one of our mixed-gender groups.
* ***Our therapy groups take place on Tuesdays between 11-1pm, and are followed by activities in the afternoon*** (music, drama, massage etc). It is vital that a prospective member can attend on this day. ***We also offer a gardening and social group for the community on Friday afternoons*** which most members attend.
* We conduct our group therapy sessions in ***English,*** due to the large mix of nationalities and languages at Room to Heal. For members to be able to relate directly with one another and participate fully, it is necessary that members have a good level of English.
* Some people struggle to attend due to their long journey to our office. We are currently able to ***reimburse up to £4.40*** (the cost of a one day bus pass) per session for travel. We ask that you consider the address of the person you are referring, and whether they are realistically able to make it to our office regularly and on-time.
* We work with people ***over the age of 18*.** People below this age will benefit more from an organisation specialised in working with younger age groups.
* Members should be willing to be ***part of a community***. Room to Heal values community as a mutually supportive means towards healing and reintegration into society. As such, members are asked to take part in our weekly communal activities, such as our garden social sessions, among others.

If you feel that Room to Heal is the right environment, please send the completed referral form to info@roomtoheal.org.uk and we will get back to you as soon as possible.

Thank you.



**Referral Form 2015**

Please complete all sections and submit any relevant documents regarding client’s asylum case and medical situation.

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|  | RtH no: |
| **Date of referral** |  |
| **Personal Information** |
| First name  |  | Surname |  |
| Male / Female  |  | Date of birth |  |
| Address |  | Email |  |
| Phone  |  | Mobile |  |
| English speaking ability;Interpreter needed? |  | Other languages |  |
|  |
| **Immigration history** |
| Country of origin |  | Stage of current application: first claim awaiting decision / appeal / fresh claim |  |
| Immigration status |  |
| HO ref number |  |
| NASS ref number |  | Date of arrival in UK |  |
| Initial claim – date; outcome; reasons if refused |  |
| Details of appeals / fresh claims |  |
|  |  |
| **Detention history** |
| Name of immigration Centre, arrival date and release date |  |
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| **Human Rights Violations** |
| Experience of human rights violations[ ] Assault[ ]  Child Soldiers[ ]  Domestic/family violence[ ]  Ethnic/racial/social persecution[ ]  Extreme physical/psychological violence[ ]  Female genital mutilation[ ]  Forced Marriage[ ]  Gang based/inter-tribal/inter-clan violence[ ]  Honour killings (threatened/attempted | [ ]  Political persecution[ ]  Rape[ ]  Religious persecution[ ]  Gender based persecution[ ]  Slavery[ ]  Solitary confinement[ ]  Trafficking[ ]  Violations of liberty[ ]  Witness to atrocity |
| Other/Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please give a history of your client’s experiences of human rights violations |
|  |
| **Immigration legal Support / Representative** |
| Name |  | Firm / Organisation |  |
| Address |  | Phone |  |
| Email |  |

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| **Other legal Support / Representative (e.g. housing)** |
| Name |  | Firm / Organisation |  |
| Address |  | Phone |  |
| Email |  |

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| **Medical contact** |
| Name of GP |  | GP Surgery |  |
| Address  |  | Phone |  |
| Email |  |

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| **Psychiatric History** |
| Please detail previous or current contact with psychiatric services (including name / contact detail of services / in-patient / out-patient, and dates treated)Continue overleaf if necessary |  |
| Medication (current and previous) |  |
| Any history of alcohol or drug abuse. Please give details |  |
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| Any urgent / risk factors to be considered (e.g. level of trauma being exhibited, suicidal tendencies and suicide attempts) |

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| **Criminal convictions** |
| Give details if client has any criminal convictions |  |

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| **On-going Therapeutic Support** |
| Name of therapist |  |
| Contact details |  |
| Duration of therapy |  |
| Further details of any previous therapeutic support |
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| **Support Network** |
| Accommodation |  |
| Financial Support |  |
| Other organisations supporting |  |
| Other family, friends |  |
|  |
| **Referral** |
| Self-referral |  ☐Yes ☐No (If “no”, please answer the following questions) |
| Referrer  |  |
| Contact phone/email |  |
| Reasons for referral to Room to Heal (Please include any physical or psychological health issues) |
| What would individual like to gain by joining Room to Heal? |
| Is client willing and able to participate in group therapy and communal therapeutic activities offered by Room to Heal? |

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| Any other comments: |