

**Room to Heal**

**Referral Form 2019**

Thank you for your interest in Room to Heal. Room to Heal is a therapeutic community and human rights charity supporting asylum seekers and refugees who have survived torture and organised violence. We offer weekly mixed-gender group therapy, as well as social activities and casework support.

If you would like to refer someone who would benefit from our services, or if you would like to refer yourself, please ensure that you:

* **Complete all sections of the referral form**
* **Submit relevant documents** regarding your client’s asylum case and medical situation i.e. **witness statements, refusal letters, medical/psychiatric reports.**
* **Download and complete our Referrals Consent Form from our website**, and then submit it by email alongside this consent form.

Please read the **following** **criteria** before referring to Room to Heal:

* To be willing and able to engage in **mixed-gender group therapy.**
* **To be available to take part in our therapy groups on Tuesdays, 11am-1pm**. The groups are followed by lunch shared with the rest of the community and activities (such as gardening).
* We also offer a **gardening and social group for the community on Friday afternoons 3-6pm** which most members attend
* To have a **good level of English**. Our groups are run in English due to the large mix of nationalities and languages at Room to Heal. This is so that members are able to relate directly with one another and participate fully.
* **To be able to reach our office at least once per week.** We are able to reimburse up to £4.50 (the cost of a one day bus pass) per session for each travel
* **Aged 18 and over.** People below this age will benefit more from an organisation specialised in working with younger age groups.
* To be willing to be **part of a community**. Room to Heal values community as a mutually supportive means towards healing.

**How to refer**

If you feel that Room to Heal is the right environment for your client, please send the completed referral form, consent form and relevant documentation to [anna@roomtoheal.org](mailto:anna@roomtoheal.org) and we will get back to you as soon as possible. Thank you.

**Referral Form 2019**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | RtH no: | | |
| **Date of referral** |  | | | | | | | |
| **Personal Information** | | | | | | | | |
| First name |  | | | Surname |  | | | |
| Male / Female / Other |  | | | Date of Birth |  | | | |
| Address |  | | | Email |  | | | |
| Phone |  | | | Mobile |  | | | |
| English speaking ability |  | | | Other languages |  | | | |
| **Required to join therapeutic support groups** | | | | | | | | |
| Our therapeutic support groups take place on **Tuesdays 11am-1pm**. Is individual available at this time? | | | | | | | Yes | No |
| Our therapeutic support groups are run in **English** due to the variety of languages represented within Room to Heal. Does individual speak a sufficient level of English to engage fully in support group and understand others? | | | | | | | Yes | No |
| Is individual willing to take part to mixed-gender group therapy? | | | | | | | Yes | No |
| Have you obtained consent from the person you are referring using the form available on our website? ***(Please attach completed form to this referral)*** | | | | | | | Yes | No |
|  | | | | | | | | |
| **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 |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | | |
| **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 | | | | | | | | |

|  |  |
| --- | --- |
| **Referral** | |
| Self-referral | ☐ Yes ☐ No (If “no”, please answer the following questions) |
| Referrer’s name |  |
| Organisation |  |
| Contact phone |  |
| Contact email |  |
| Relationship to client |  |
| 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? | |
| Room to Heal members are expected to engage fully with our communal therapeutic activities and mixed-gender therapy groups. How do they feel about this, and what challenges do they foresee? | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Immigration legal Support / Representative** | | | |
| Name |  | Firm / Organisation |  |
| Address |  | Phone |  |
| Email |  |

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

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

|  |  |  |
| --- | --- | --- |
| **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 |  | |
| |  | | --- | | **Risk Factors** | | Any urgent / risk factors to be considered (e.g. level of trauma being exhibited, suicidal tendencies and suicide attempts) | | |
| **Criminal convictions** | |
| Give details if client has any criminal convictions |  |

|  |  |
| --- | --- |
| **Ongoing Therapeutic Support** | |
| Name of therapist |  |
| Contact details |  |
| Duration of therapy |  |
| Further details of any previous therapeutic support | |
|  | |
|  | |
| **Support Network** | |
| Accommodation |  |
| Financial Support |  |
| Other organisations supporting |  |
| Other family, friends |  |

|  |
| --- |
| **Any other comments:** |