



Room to Heal

Referral Form - Remote Therapy Group

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**

Please read the **following criteria** before referring to Room to Heal. The person being referred should:

- Be willing and able to engage in a time-limited **mixed-gender group therapy.**
- **Be available to take part in our therapy groups on Thursdays, 11.30am-1pm.**
- Living in Greater London.
- 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.
- **Be aged 21 or over.** People below this age will benefit more from an organisation specialised in working with younger age groups.
- Be willing to be **part of a community.** Room to Heal values community as a mutually supportive means towards healing and we intend to hold community events in person when this is again possible and safe. Currently we offer **social groups for the community, such as our online gatherings on Friday afternoons,** which most members attend.
- Have access to a laptop or telephone with internet, earphones and a confidential space for the duration of the sessions.

It is important to note that Room to Heal is not a crisis service. If an individual is in a mental health crisis or actively suicidal, please refer to the local crisis service, Community Mental Health Team, or phone NHS urgent mental health helplines.

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 camilla@roomtoheal.org and we will get back to you as soon as possible. Thank you.

Referral Form

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

Referral	
Self-referral	<input type="checkbox"/> Yes <input type="checkbox"/> 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 the 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?	

RtH no:

Date of referral			
Personal Information			
First name:		Surname:	
Male / Female / Other:		Date of Birth:	
Address:		Email:	
Phone:		Mobile:	
Emergency contact name and relationship:		Emergency contact number:	
English speaking ability:		Other languages:	
Required to join therapeutic support groups			
Our therapeutic support groups take place on Thursdays 11.30am-1pm on Zoom platform . Is the 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 the individual speak a sufficient level of English to engage fully in the therapeutic support group and understand others?	Yes	No	
Is the individual willing to take part in a mixed-gender group therapy?	Yes	No	
If the individual has a child/ren, do they have someone to provide childcare during the group?	Yes	No	
If the individual shares a room with someone, is it possible for them to have an inside space of their own during the group?	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	1.
	2.
	3.

Human Rights Violations																		
<p>Experience of human rights violations</p> <table border="0"> <tr> <td><input type="checkbox"/> Assault</td> <td><input type="checkbox"/> Political persecution</td> </tr> <tr> <td><input type="checkbox"/> Child Soldiers</td> <td><input type="checkbox"/> Rape</td> </tr> <tr> <td><input type="checkbox"/> Domestic/family violence</td> <td><input type="checkbox"/> Religious persecution</td> </tr> <tr> <td><input type="checkbox"/> Ethnic/racial/social persecution</td> <td><input type="checkbox"/> Gender based persecution</td> </tr> <tr> <td><input type="checkbox"/> Extreme physical/psychological violence</td> <td><input type="checkbox"/> Slavery</td> </tr> <tr> <td><input type="checkbox"/> Female genital mutilation</td> <td><input type="checkbox"/> Solitary confinement</td> </tr> <tr> <td><input type="checkbox"/> Forced Marriage</td> <td><input type="checkbox"/> Trafficking</td> </tr> <tr> <td><input type="checkbox"/> Gang based/inter-tribal/inter-clan violence</td> <td><input type="checkbox"/> Violations of liberty</td> </tr> <tr> <td><input type="checkbox"/> Honour killings (threatened/attempted)</td> <td><input type="checkbox"/> Witness to atrocity</td> </tr> </table> <p>Other/Comments:</p> <p>Please give a history of your client's experiences of human rights violations</p>	<input type="checkbox"/> Assault	<input type="checkbox"/> Political persecution	<input type="checkbox"/> Child Soldiers	<input type="checkbox"/> Rape	<input type="checkbox"/> Domestic/family violence	<input type="checkbox"/> Religious persecution	<input type="checkbox"/> Ethnic/racial/social persecution	<input type="checkbox"/> Gender based persecution	<input type="checkbox"/> Extreme physical/psychological violence	<input type="checkbox"/> Slavery	<input type="checkbox"/> Female genital mutilation	<input type="checkbox"/> Solitary confinement	<input type="checkbox"/> Forced Marriage	<input type="checkbox"/> Trafficking	<input type="checkbox"/> Gang based/inter-tribal/inter-clan violence	<input type="checkbox"/> Violations of liberty	<input type="checkbox"/> Honour killings (threatened/attempted)	<input type="checkbox"/> Witness to atrocity
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Immigration legal Support / Representative			
Name		Firm / Organisation	
Address		Legal aid/private?	
		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	
<p>Please detail previous and recent contact with psychiatric services (including name / contact detail of services / in-patient / out-patient, and dates treated)</p> <p>Continue overleaf if necessary</p>	
Medication (current and previous)	

Any history of alcohol or drug abuse. Please give details	
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Risk Factors
Any urgent / risk factors to be considered (e.g. level of trauma being exhibited, suicidal tendencies and suicide attempts)

Current / previous 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	

Criminal convictions	
Give details if client has any criminal convictions	

Any other comments: