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**CONFIDENTIAL SISTER SYSTEM ‘SELF-REFERRAL FORM’**

**Sister System:** Studio 31-34, The Trampery, 639 High Road, London, N17 8AA

**Email:** [referrals@sistersystem.org](mailto:referrals@sistersystem.org)

**Telephone:** 07763 008018

**Web:** [www.sistersystem.org](http://www.sistersystem.org)

Sister System is committed to working with young women and girls between the age of 13-24.

We look forward to receiving your referral, with you taking the first step to commit to your self-healing journey.

**Please complete this form in as much detail as you can to help us understand how we can support you in the best way possible.**

**PLEASE TELL US SOME SIMPLE INFORMATION ABOUT YOU:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
|  |  |  |  |
| **Today’s date:** |  | **Address:** | **Postcode:** |
|  |  |  |  |
| **Telephone Number:** |  | **E- mail:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity, religion, and languages spoken:** |  | **Sexual orientation and pronouns:** |  |
|  |  |  |  |

**Who would you like to be contacted in the case of emergency:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship to you:** |  |
|  |  |  |  |
| **Telephone Number:** |  | **Address (Optional):** |  |

**Do they know you are making this referral? YES**  / **NO**

**Is this person happy to be contacted in the case of emergency? YES**  / **NO**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **GP Details:** |  |  |  | | **Address:** |  | **Phone Number:** |  | |  |  |  |  |  **YOUR EDUCATION / TRAINING / EMPLOYMENT STATUS:** **Please tell us if you are:** | | |
| **In School** | **In College** | **At University** |
|  |  |  |
| **Not in Education (NEET)**  **Training** | **Unemployed**  **Apprenticeship** | **Employed** |

## **PLEASE TELL US SOME MORE ABOUT YOU:**

|  |
| --- |
| **To ensure we can support you in the best possible way, it would be great if you could tell us more about you and what you hope to achieve with Sister System.** *(If you would rather speak to us in person, that's also fine).* |
| Are you receiving any well-being support from any other services?  What would you like to achieve from working with Sister System? What challenges do you feel you need help with? Tell us about your future goals and the steps you think you need to reach your goals. |

**Do you think you have challenges with drugs or alcohol?** **YES**  / **NO**

If yes, please tell us more:

**Can you tell us how the care system has affected you?**

**What Sister System programme(s) interests you? Our programme information is available on** [**www.sistersystem.org**](http://www.sistersystem.org)**. If you are unsure at this point, that’s okay.**

**Do you have any hobbies and/or interests?**

## **ADDITIONAL INFORMATION:**

|  |
| --- |
| **Does anyone else know you are making this referral? YES**  / **NO**  **Do you have anyone that can support you while working with Sister System?** **YES**  / **NO**  **Is there anyone you would like Sister System to contact regarding this referral?YES**  / **NO**  *If yes, please tell us who and their contact details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

## **SIGNATURE & DECLARATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |

Sister System would like to thank you for taking the time to complete this referral.

* We aim to respond to all referrals within 2 weeks.
* After we have reviewed your referral, we will reach out and arrange for you to meet with a Mentor and our Programmes lead to discuss your referral as we may need some further information. If you would prefer to have your first meet virtually, this can also be arranged.