

**CONFIDENTIAL SISTER SYSTEM SELF-REFERRAL FORM**

**Address:** Studio 31, The Trampery, 639 High Road, London, N17 8AA

**Email:** referrals@sistersystem.org

**Telephone:** +44 07763 008018

**Web:** www.sistersystem.org

**WE ARE UNABLE TO PROCESS YOUR REFERRAL UNTIL WE RECEIVE THIS FORM FULLY COMPLETED**

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
|  |  |  |  |
| **Referral date:** |  | **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation:** |  | **Contact Number:** |  |
|  |  |  |  |
| **Ethnicity:** |  | **E- mail:** |  |
|  |  |  |  |
| **Immigration status:** |  | **How did you hear of Sister System?** |  |

**A person you would like contacted in case of emergency:**

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

## **KEY INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Place of Residence (kindly tick relevant box)** | | |
|  | | |
|  | | |
| **Independent Accommodation** | **Family Home** | **Children’s Home** |
|  |  |  |
| **Semi-independent accommodation** | **Foster Care** | **Other:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please give details of any other agencies currently working with you:** | | | |
| **Agency** | **Lead Person** | **Email Address** | **Phone Number** |
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| --- | --- | --- | --- | --- | --- |
| **Medical Contact Details:** | | | | | |
|  | | | | | |
|  |  | | |
| **GP Name and Address:** | |  | **Contact Number:** | |  | |
| **Health Visitor’s Name and Address** | |  | **Contact Number:** | |  | |
|  | |  |  | |  | |

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| --- | --- | --- |
| **Are you a survivor of?** | | |
| **Child Sexual Exploitation** | **Domestic abuse** | **Teenage pregnancy** |
|  |  |  |
| **Mental health issues** | **Substance abuse** | **Learning disabilities** |
|  |  |  |
| **Post-natal depression** | **Child Criminal Exploitation** | **Drug trafficking** |
|  |  |  |
| **Sex Trade** | **Controlled or coerced** | **Modern slavery** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Rape** | **Physical Abuse** | **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |  |   **Have you ever experienced?** | | |
| **Depression** | **Anxiety** | **Bipolar** |
|  |  |  |
| **Extreme Stress** | **Hypermania** | **Loneliness** |
|  |  |  |
| **Anger** | **Bereavement** | **Panic Attacks** |
|  |  |  |
| **Sleeplessness** | **Anything else? *(Please note)***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

## **PERSONAL NEEDS**

So that we can offer the most appropriate support, and match the most suitable coaches, please complete the following table. Please note this is not a ‘points’ system. Answers will not be prioritized based on how many categories are ticked. This information, will be used to monitor how our support best meets your needs and expectations. *\*\*If you are unsure at this stage, do not worry we can discuss this together\*\**

|  |  |
| --- | --- |
| **Identified Need** *(please tick all that apply)* | **Why is this a need?** |
|  |  |
| **Resilience development** |  |
|  |  |
| **Risk awareness** |  |
|  |  |
| **Career/training development** |  |
|  |  |
| **Family needs** |  |
|  |  |
| **Managing your behaviour** |  |
|  |  |
| **Being involved in the child(ren)’s development** |  |
|  |  |
| **Coping with own physical health** |  |
|  |  |
| **Coping with own mental health** |  |
|  |  |
| **Coping with feeling isolated** |  |
|  |  |
| **Parent’s self-esteem** |  |
|  |  |
| **Coping with your physical health** |  |
|  |  |
| **Coping with your mental health** |  |
|  |  |
| **Managing the household budget** |  |
|  |  |
| **The day-to-day running of the house** |  |
|  |  |
| **Stress caused by conflict in the family** |  |
|  |  |
| **Coping with multiple birth/multiple children under 5** |  |
|  |  |
| **Use of services** |  |
|  |  |
| **Other (please describe)** |  |

**Do you think you have challenges with drugs or alcohol?** yes/no *(please indicate)*

If ‘yes’ which drugs please specify: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| **MORE ABOUT YOURSELF** **Please state if you are:** | | |
| **In School** | **In College** | **At University** |
|  |  |  |
| **Not in Education or Training** | **Unemployed** | **Employed** |

**Do you have any hobbies and/or interests? (Please share with us)**

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**What support do you think you would need from Sister System? (If you are unsure at this stage don’t worry, we can discuss this).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What programme/s interests you (please refer to website: sistersystem.org for more information)?**

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

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## **ADDITIONAL INFORMATION:**

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| **Please add any background information that you think is important for us to know.**  *(If you would like to speak with us about any of the above, that's also fine).* |
|  |

## **SIGNATURE & DECLARATION**

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

***Thank you for completing this self-referral form, please email it to*** [***referrals@sistersystem.org***](mailto:referrals@sistersystem.org) ***or alternatively post it to our offices, address at the top of this form.***

|  |
| --- |
| Next Steps - On receipt of this referral please expect a phone call within 5 days/unless urgent from one of our sisters who will arrange to speak with you which can either be done remotely or social distancing face-face. |