##

Roshni Empowerment Project

444 London Road, Sheffield, S2 4HP

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**Referral Form**

Client contact details

Name ……………………………………………………………

Address ……………………………………………………………

 ……………………………………………………………

Postcode …………………………………Tel…………………………

Which empowerment service do you wish to access? Advocacy/ counselling/ group sessions

Issue: …………………………………………………………………………………………………

………………………………………………………………………………………………………

Is this client receiving on going advice or support from you? Yes No

If Yes, please state the issues that we should NOT get involved in:

……………………………………………………………………………………………………..

Would you like to get feedback on progress with this case? Yes No

Can the client speak English? Yes/ No

If no, please state the language she speaks ……………………………………

Please select the ethnic background of the client: Pakistani / Indian / Bangladeshi

(Please note that Roshni is a culture and language specific service for South Asian women from Pakistani, Indian or Bangladeshi backgrounds only.)

Does client have any special needs? …………………………………………………….

……………………………………………………………………………………………………….

Name of person making referral ……………………………………………………………….

Organisation ……………………………………… Tel no ……………………………………..

Signed ……………………………………….. Dated ……………………….

Client consents to the referral being made *Please tick*