**Referral Form for Doorway Transitional Service**

Doorway provides a range of services to support and empower women to address their individual needs. Our specialism is in working with young women 18-25yrs who may be victims of sexual exploitation, coercion and trafficking. Is this the right service for you or your client?

**Personal Information**

|  |  |
| --- | --- |
| Name of young woman: | D.O.B:  |
| Address:  | Parents: Foster carer Supported Accommodation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact numbers: Allocated Worker:  |
| Parent/Carer names:  |
| Parent/carer contact numbers:  |

**Referral Information**

|  |  |
| --- | --- |
| Agency:  | Name of referrer:  |
| Contact details:  |
| Date of referral:  |   |
| Young person aware of referralYes No **(consent is necessary):** | Parents/carers aware of referralYes No  |
| Referral taken by: Phone E-mail Post Other  |
| Please read the check list below and tick boxes of all that apply: Direct risk indicators of sexual exploitation. Experience of abuse during childhood. Experience of problematic parenting in the family home. Indicators of disengagement, isolation and exposure to risk situations. Relationship with an older ‘boyfriend’ or controlling adult. Disrupted Family Life. Drug and Alcohol Misuse. Exploitative relationships.Reason for referral please give as much information as possible: |

**Additional Information**

|  |
| --- |
| Contact details of all other professionals involved: |

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| Any other relevant information:  |

When completed please email to jonna@magdalenegroup.org or post to The Magdalene Group, 61. King Street, Norwich, NR1 1PH

Call 01603 610256 for any info.

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**For internal use only**

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| --- | --- |
| Assessed risk level:  | Services to be offered to young womanYes No  |
|  |
| If no, explanation as to why not: |
| Young person been informed: Yes No  |
| Allocated to Case Worker:  |
| Case Worker’s signature:  |
| Case Manager’s signature:  |