

Referral Form

The information below assists Edinburgh Women's Aid to accept the referral quickly and make contact with the woman safely and successfully. Please note we can accept the referral without all of the information and are happy to take referrals by telephone.

Client Name:		Date of Referral:
Preferred Name:		
Preferred Tel. No:		
Date of birth:		
Address:		
E-Mail:		
Preferred way of being contacted		

Safe to Call?	Yes	No <input type="checkbox"/>
Leave Voicemail?	Yes	No <input type="checkbox"/>
Send text?	Yes	No <input type="checkbox"/>
Safe to Identify Over Phone/Message?	Yes	No <input type="checkbox"/>
Will they accept calls from a withheld number?	Yes	No <input type="checkbox"/>

Preferred time of contact?		
Is the woman still with her abusive partner?	Yes	No <input type="checkbox"/>

Edinburgh Women's Aid is a charity registered in Scotland, charity number SC028301 and a company limited by guarantee, registered company no SC237521.

Privacy Notice: <https://edinwomensaid.co.uk/privacy-notice/> Edinburgh Women's Aid wants to ensure you understand our processing of your personal data.

What is the woman's first language? Is an interpreter needed?	
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Referral Details

Referrer Name:	
Agency:	
Tel. No:	
Email:	

Reason for Referral: please detail immediate support needs?		
Has the women agreed to this referral being made?	Yes	No <input type="checkbox"/>
Does the woman have any additional support needs we need to know about i.e. mental health issues, substance misuse issues, disability etc		
Agencies/Professionals Are there any other agencies or professionals working with the woman? Please provide details if applicable.		

Please send this completed form to duty@edinwomensaid.co.uk

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