|  |  |
| --- | --- |
| PRIVATE & CONFIDENTIAL | Sahir House | Providing HIV support, training, information & opportunities  to volunteer across Merseyside since 1985 |

|  |
| --- |
| ORGANISATIONAL REFERRAL FORM |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Your Details** | | | |
|  | | | |
| Your Name |  |  | |
|  |  | | |
| Organisation |  |  | |
|  |  | | |
| Email |  | |  |
|  | | | |
| Telephone |  | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Service User Details** | | | | | | | |
|  | | | | | | | |
| First Name |  | | |  | | Surname |  |
|  | | | | | | | |
| Date of Birth |  | | |  | | First Language |  |
|  | | | | | | | |
| Nationality |  | | |  | | Ethnicity |  |
|  | | | | | | | |
| Address with Postcode\* | |  | | | *\*This is so we can check to see if we can support this person* | | |
|  | | | | | | | |
| Email | |  | | | | | |
|  | | | | | | | |
| Mobile |  | | |  | | Ok to leave voicemail? |  |
|  | | | | | | | |
| Preferred Method of Contact | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Services** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Which Sahir House service are you making the referral to? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| HIV Support |  |  | LGBTQ+ Support |  |  | LGBTQ+ Refugee & Asylum Support | | | | | |  |  |
|  | | | | | | | | | | | | | |
| If you are making a referral to our HIV Support Service, is the person: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| HIV+ |  |  | Affected by HIV |  |  | | Other |  |  | | | |  |
|  | | | | | | | | | | | | | |
| If you are making a referral to our LGBTQ+ Support Service, does the person identify as LGBTQ+: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Yes |  |  | No |  |  | | Unsure/Questioning | | |  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Reason for Referral** | | | | | |
|  | | | | | |
| Practical Support |  |  | Advice & Information |  |  |
|  | | | | | |
| Counselling |  |  | To connect with peers |  |  |
|  | | | | | |
| Other |  |  |  |  |  |
|  |  | | | | |
| If ‘Other’ please specify |  | | | | |

|  |  |  |
| --- | --- | --- |
| 1. **Important Information** | | |
|  | | |
| 1. Would you consider the person to have ‘multiple barriers’ |  |  |
|  | | |
|  | | |
| A person with ‘multiple barriers’ is someone with two or more needs affecting their physical, mental, social or financial wellbeing. Such needs typically interact with and exacerbate one another leading to individuals experiencing several problems simultaneously. Individuals with complex needs are often at, or vulnerable to reaching crisis point and experience barriers to accessing services; usually requiring support from two or more services/agencies | | |

|  |  |  |
| --- | --- | --- |
| Does this person have any history that would make you consider them to be at risk? |  |  |
|  | | |
|  | | |
| *An “Adult at Risk” is defined as any person aged 18 years and over who is or may need community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation.* | | |
|  | | |
| If you have ticked A and/or B above please provide further summary detail below. | | |
|  | | |

|  |
| --- |
| 1. **Additional Comments** |
|  |
| Do you have any other comments you wish to make? |
|  |

Please email completed form to [referrals@sahir.uk.com](mailto:referrals@sahir.uk.com)