

Women's Rights Caseworker – Self Referral Form



Client (Your) Details				
Title:		Address (incl postcode):		
First name:				
Surname:				
D.O.B:		Telephone Number:		
Citizenship:		Safe to contact?	Safe to text?	Safe to leave voicemail?
Other information:				
Key service criteria:				
<p>To provide one to one confidential support, advocacy, assistance, and information to any BME / Muslim woman in Scotland for whom <u>any three</u> of the following apply:</p> <ul style="list-style-type: none"> • experiencing or at risk of domestic abuse. • women experiencing poor or worsening mental health. • women with insecure immigration status and no recourse to public funds. 				
<p>Please provide as much information as possible including details of:</p> <ul style="list-style-type: none"> • any support you are currently receiving from other organisations • any further relevant supporting information regarding this referral (including a brief history of any mental health issues, experience of domestic abuse or immigration issues and what support you have received to date.) 				

Language Needs: If you require a worker who speaks a language other than English, please specify here: (* Please note, while Amina volunteers speak a range of community languages, we may not be able to accommodate all requests)

English

How did you hear about caseworker service?

Date:

Please return this initial referral form:

By post:

**Casework Service
Amina MWRC
McCormick Business Centre
50 Darnley Street
Pollokshields
Glasgow
G41 2SE**

Or by E-mail to Casework@mwrc.org.uk

If you have any questions, please do not hesitate to contact our team by phone on **0141 212 8420**