

Women's Rights Caseworker – 3rd Party Referral Form



Client 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 the client is currently receiving • any further relevant supporting information regarding this referral (including a brief history of the client relevant to the case e.g. any mental health issues, experience of domestic abuse or immigration issues and what support they have received to date.) 				

Language Needs: If your client requires 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)

Referrer Details

Referrer Name/Job Title:

Organisation:

Contact details (please provide either a direct line telephone number or an email address that we can contact you on):

How did you hear about caseworker service?

Date:

Please return this initial referral form:

By post:

**FAO: Casework
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**