Logo, company name

Description automatically generated

**Break Free: Support for Victims of Modern-Day Slavery Project**

**Confidential Referral Form**

1. **Referral Type**

|  |  |
| --- | --- |
| **Self-Referral** | **Organisation/ Professional Referral** |

1. **Referrer Details (if applicable)**

|  |  |
| --- | --- |
| **Organisation Name:**Click or tap here to enter text. | **Name of Referrer:**Click or tap here to enter text. |
| **Job Title:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. | **Date of Referral:** Click or tap here to enter text. |

1. **Individual Being Referred**

|  |  |  |
| --- | --- | --- |
| **Full Name:** Click or tap here to enter text. | | **Date of Birth:** Click or tap to enter a date. |
| **Interpreter required:** Yes No | | **If yes, please specify preferred language:**  Click or tap here to enter text. |
| **Contact Number:**  Click or tap here to enter text. | **Email:** Click or tap here to enter text. | |
| Preferred method of communication  Phone Text Message Email WhatsApp  Other (please specify) Click or tap here to enter text. | | |

1. **Immigration and Sponsorship Details**

**Current Immigration Status** Click or tap here to enter text.

**Is the individual on a sponsorship visa?** Yes No

**Type of Visa (if known**)Click or tap here to enter text.

1. **Reason for Referral/ Areas of Concern**

**(Please tick all that apply and provide brief details below)**

|  |  |
| --- | --- |
| Labour exploitation | Threats of deportation or coercion |
| Underpayment or withheld wages | Unsafe or illegal working conditions |
| Emotional distress or trauma | No access to accommodation/ financial hardship |
| Legal advice needed (immigration/employment) | Other (please specify):Click or tap here to enter text. |

**Brief description of concerns and reasons for referral (include any relevant context or background:**

1. **Immediate Risks or Safeguarding Concerns**

**Are there any immediate safety concerns (e.g at risk of harm, exploitation continuing)**

**Is the individual currently in a safe environment?**

**Any known safeguarding concerns? (e.g. children involved, mental health needs, domestic abuse):**

1. **Consent**

**Has the individual given consent to this referral (please tick)**

Yes (Verbal)

Yes (Written)

No

**Signature (or name if submitting electronically):** Click or tap here to enter text.

**Please submit this form via email or in person as below:**

**Email:** [womenofvaliance@gmail.com](mailto:womenofvaliance@gmail.com)

**In person:** Women of Valiance, CVS Building, 43 Bromham Road, Bedford, MK40 2AA

For urgent queries, call: 07762234295