



Trauma-informed support for survivors rebuilding after abuse

Referral Form

For professional and agency referrals

Confidential. Please complete as fully as possible. If there is immediate danger or urgent safeguarding risk, contact emergency services / the relevant safeguarding pathway before sending this referral.

1. Referrer Details			
Date of referral		Referrer name	
Job title / role		Organisation	
Telephone		Email	
Has a DASH/RIC or other risk assessment been completed?	☐ Yes ☐ No ☐ Unknown	If yes, attached?	☐ Yes ☐ No
Has the client consented to this referral?	☐ Yes ☐ No	Can WeAreUnmuted contact the client directly?	☐ Yes ☐ No
Consent to share relevant information with WeAreUnmuted?	☐ Yes ☐ No	Does the client understand the support being requested?	☐ Yes ☐ No
Has the client consented to this referral?	☐ Yes ☐ No	Can WeAreUnmuted contact the client directly?	☐ Yes ☐ No
Consent to share relevant information with WeAreUnmuted?	☐ Yes ☐ No	Does the client understand the support being requested?	☐ Yes ☐ No

Our vision is to break silence and rebuild lives, for this generation and the next.

hello@weareunmuted.co.uk

Registered Address: c/o RISC, 35-39 London Street, Reading, RG1 4PS

WeAreUnmuted CIC | Company No: 17128806



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2. Client Details			
First name		Surname	
Preferred name		Date of birth / age	
Address		Postcode	
Telephone number(s)		Email	
Safe to call / text / email?		NHS number (optional)	
Emergency contact name		Relationship	
Emergency contact number		Safe to contact emergency contact?	☐ Yes ☐ No
Preferred language		Interpreter required?	☐ Yes ☐ No
Any notes on identity, safety, confidentiality or access needs?			

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3. Children / Dependents					
Name	DOB	Age	Relationship	School / nursery / college	Lives with client?
If any child/dependent lives elsewhere, please give details					
Current Children's Services involvement		☐ None known ☐ Early Help ☐ Child in Need ☐ Child Protection ☐ Looked After Child	Local Authority		
Social Worker name/contact			Date involvement started		
Any safeguarding concerns relating to children/dependents?					

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4. Case History/Relevant Information

Please include background, current circumstances, risks, protective factors, relevant history, and any additional information.

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