

**All referral forms and consent forms must be completed and sent to** [**pridehubhillingdon@gmail.com**](mailto:pridehubhillingdon@gmail.com)

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| **REFERRAL FORM** | |
| Date of Referral: |  |
| Type of Referral: | Professional  Self-Referral  If Other, please specify: |
| Name/Organisation/Contact Details: (Professional Referrals Only) |  |
| Consent Form Completed:  *\*Referrals will not be accepted without a completed and signed consent form* | Yes  No |

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| **BASIC DEMOGRAHPICS** | |
| Preferred Name: |  |
| Preferred Pronouns: |  |
| Date of Birth: |  |
| Age: |  |
| Gender Identity:  \**Cisgender refers to a person whose gender identity corresponds with the sex registered for them at birth* | Please hover and click “Choose an item” and select an option from the drop-down list:  **Choose an item.**  If Other, please specify: |
| Sexual Identity: | Please hover and click “Choose an item” and select an option from the drop-down list:  **Choose an item.**  If Other, please specify: |
| Area of Residence: | Please hover and click “Choose an item” and select an option from the drop-down list:  **Choose an item.** |
| Contact Number: |  |
| Email Address: |  |
| Preferred Contact Method: | Telephone  Text  Email |
| Ethnicity: |  |
| Religion: |  |
| Immigration Status (if applicable): |  |
| Preferred Emergency Contact Details (Safe Person): |  |

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| **HEALTH & WELLBEING** | |
| Mental Health Needs | Yes  No |
| Physical Health Needs (including any sexually transmitted diseases) | Yes  No |
| Learning Difficulties/Disabilities | Yes  No |
| ***If you have answered Yes to any of the above, please provide details below*** | |
| *Details:* | |
| Do you drink alcohol? | Yes  No |
| Do you use drugs? | Yes  No |
| ***If you have answered Yes to any of the above, please provide details below*** | |
| *Details:* | |

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| **HOW CAN WE HELP YOU?** | |
| **Pride Hub Hillingdon is a safe space that offers free face-to-face sessions to talk about everything and anything in relation to the LGBTQ+ Community. Pride Hub Hillingdon is open to anyone from the LGBTQ+ Community and also available to allies (family, friends, caregivers etc.). Pride Hub Hillingdon aims to provide resources, advice and signposting to relevant services across Hillingdon and surrounding London areas.**  ***Please note that Pride Hub Hillingdon is NOT a counselling service.*** | |
| Do you identify as a member of the LGBTQ+ Community? | Yes  No |
| If you do identify as a member of the LGBTQ+ Community, have you disclosed this to anyone? | Yes  No |
| Do you care for someone from the LGBTQ+ Community? | Yes  No |
| ***Is there anything specific that you would like to talk about? Please provide details below*** | |
| *Details:* | |

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| **PRIDE HUB HILLINGDON FACE TO FACE SESSIONS** | |
| **All face-to-face sessions are currently taking place one Saturday per month in local libraries across the Hillingdon borough. F2F sessions will take place from 10:00 AM - 1:00 PM with an opportunity for walk ins from 2:00 - 3:00 PM (depending on availability). These timings may change depending on the number of referrals received.** | |
| Preferred Pride Hub Venue: | Please hover and click “Choose an item” and select an option from the drop-down list:  **Choose an item.** |

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| **THIS SECTION APPLIES TO PROFESSIONAL REFERRALS ONLY** | |
| **PROFESSIONAL INVOLVEMENTS** | |
| ***Please check all relevant boxes:*** | |
| Adult Social Care | Children’s Social Care |
| Stronger Families Hub | CMHT (Community Mental Health Team) |
| CAMHS | GP |
| Housing | Other  If Other, please specify: |
| ***Please provide details below*** | |
| *Details:* | |
| **RISKS** | |
| Does the person referred to Pride Hub Hillingdon pose a risk to themselves and/or others? | Yes  No |
| Is the person at risk of harm from others by attending Pride Hub Hillingdon? | Yes  No |
| ***If you have answered Yes to any of the above, please provide details below*** | |
| *Details:* | |
| **SAFEGUARDING** | |
| Are there any current safeguarding concerns that we need to be aware of? | Yes  No |
| ***If you have answered Yes, please provide details below*** | |
| *Details:* | |