**REFERRAL FORM**

***Please complete all sections to the best of your ability. Not doing so could delay this referral.***

# Which service are you referring into?

LGBT+ Practitioner Support (1:1 worker support) (available in Devon and Cornwall)

LGBT+ Domestic Abuse Service (available in Devon and Cornwall)

Low-cost counselling service (available in Devon and Cornwall for over 18s)

YAY Cornwall (available in Cornwall for 13 – 25 year olds)

Group Work

Unsure

Reason for referral

***Please provide as much detail as possible. If you leave this section blank, we cannot accept the referral***

*E.g. Support with coming out, advocacy, social transition, dealing with discrimination, exploring identity…*

**NB**: Please do offer some detailed information here as it helps us to process the referral:

Person being referred ***Please do not include more than one person***

* **Name** (the name you would like us to use): First and Last Name
* **Are you known by any other names?** (for example, a legal name): Other Names
* **Date of Birth**: Date of Birth
* **Pronouns:**   He/him  She/her  They/them  Other
* **Gender identity:**  Male  Female  Gender fluid  Genderqueer  Intersex  Non-binary  Questioning  Prefer not to say Other: Click or tap here to enter text.
* **Sexual orientation:**  Asexual  Bisexual  Gay  Heterosexual  Lesbian  Not defined  Pansexual  Questioning  Prefer not to say Other: Click or tap here to enter text.
* **Do you identify as transgender?**  Yes  Questioning  No  Prefer not to say
* **Do you identify as intersex?**   Yes  No  Prefer not to say
* **Are you in education, if so what is the name of your school or university?** Click or tap here to enter text.
* **Is there someone at the school/university you are happy for us to contact?** Click or tap here to enter text.

Contact Details ***For person being referred***

Address: Address

Postcode: Postcode

Phone: Phone Number

Email: Email

Do you need an interpreter? (eg BSL): Yes  No

Do you have any other access needs? Yes  No

Is it ok to leave a voicemail or text? Yes  No

Is it ok to email you? Yes  No

Are you able to have video appointments (Zoom, Teams, etc)? Yes  No

Who would you like us to contact in the first instance? Click or tap here to enter text.

Diversity

***We only ask these questions because it helps us with our funding. You do not have to answer them if you are not comfortable***

Ethnicity: Click or tap here to enter text.

Faith or religion: Click or tap here to enter text.

# Safety concerns

Are there any risks we should be aware of? Including self-harm, suicidal thoughts, homelessness, domestic violence and abuse (including sexual, financial, emotional, spiritual, physical abuse), risks to or from anybody else?

Yes  No

Click or tap here to enter text.

**Has there been a hate crime/incident? If so, can you provide some detail?**

Click or tap here to enter text.

Referrer details ***Leave blank if this is a self-referral***

Job Title / Relationship: Title / Relationship

Organisation: Referring Organisation

Address: Referrer Address

Phone: Referrer Phone Number

Email: Referrer Email

# PLEASE READ:

**Please send completed forms by email through the secure SWITCH EGRESS system or via encrypted emails and send them to our helpline email address:** [helpline@intercomtrust.org.uk](mailto:helpline@intercomtrust.org.uk). If referrals are sent to any other email addresses at The Intercom Trust, we will not be able to process them, and this may delay your wait time to see someone.

If you do not already have an Egress account, please follow this link to register: <https://switch.egress.com/ui/registration/AccountCreate.aspx>.

**We cannot guarantee the security of any emails sent to the directly to the helpline that are not encrypted/ sent through EGRESS.** If you would prefer to make a phone referral, you can contact us on **0800 612 3010** (open Monday-Friday 9am-4pm).

# Consent

***Privacy Statement***

*Intercom Trust is registered with the Information Commissioner’s Office.*

*We keep all information given to us in line with the Data Protection Act 2018 which sets out our duties to maintain the privacy of personal information and to uphold individual rights.*

*We record the information you give us so that we can: respond to the referral, provide the most appropriate support, and monitor our services.*

*We do not share the information on this form with anyone else without the person’s permission to do so. In very rare circumstances we may need to share some information without permission, which is only if we think someone is in very real danger of serious harm.*

*If you would like more details about how or what we keep or why (or anything related to Data Protection) please visit our website to view the full Privacy Policy.*

*If you have specific questions or concerns, please contact our Helpline or email our Data Protection Lead directly: Julia Boas, Deputy Director at Intercom Trust via* [*office@intercomtrust.org.uk*](mailto:office@intercomtrust.org.uk)

***Please Tick and Sign***

*The details I have given are accurate, to the best of my knowledge and I have read and understood the Privacy Statement.*

*I also confirm that the person this referral is about understands what will happen to the information in this referral.*

*Please contact our helpline if you are not sure about any of the above.*

**Signed by:** Click or tap here to enter text. **Date signed:** Click or tap to enter a date.