Renew Service Referral Form

**Pankhurst Trust (Incorporating Manchester Women’s Aid)**

**0161 660 7999**

**Referrals@manchesterwomensaid.org**

Renew service offers:

* Female only groupwork (Living Life to the Full). This is a wellbeing focused course, designed to develop skills to manage mood, learn positive coping mechanisms and understand thoughts and feelings.
* Weekly female only drop-in
* Signposting to other support / advice services

If they are Male – signpost to Survivors Manchester

**Please note – for ADULTS only (18+)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** |  | | | | | | | |
| **Name:** |  | | | | | | | |
| **Gender identity:** |  | | | | | | | |
| **Age:** |  | | **Date of birth:** | | |  | | |
| **Address:** |  | | | | | | | |
| **Telephone number:** |  | | **Safe to call?** | | **Safe to text?** | | | **Safe to leave voicemail?** |
| **Email address:** |  | | **Safe to Email?** | | | | | |
| **Preferred method of contact:** |  | | **Any restrictions for contact or preferred time to contact:** | | | | | |
| **Interpreter required or any communication needs?** |  | | **Language:** | | | | | |
| **Children:** |  | | **Age:** | | | **If children are under 18, do they live with you?** | | |
| **Reason for referral to Renew:** |  | | | | | | | |
| **Does the referral relate to a recent or historic incident?** |  | | | | | | | |
| **Additional vulnerabilities and needs:** | **Domestic abuse:** | **Alcohol abuse:** | **Substance abuse:** | | **Mental health:** | | **Self-harm:** | |
| **Immigration/**  **asylum status:** | **Housing:** | **Disability:** | | **Other:** | |  | |
| **If mental health box checked:** | **Have you had any recent suicidal thoughts?** | | | **Have you thought about or made plans to end your life?** | | | | |
| **Any other information:** |  | | | | | | | |