



REFERRAL FORM

How to complete the form:

This form should be completed with as much information as possible.

Where to send the form: Please send completed referral forms to: info@streetlight.uk.com

Service User:	Details:
Last Name:	
First Name(s):	
Also known as:	
D.O.B DD/MM/YYYY	
Sex:	
Mobile Number:	
Email Address:	
Ethnicity:	
Language(s) spoken:	
Interpreter Needed:	Y / N (please circle)
Immigration Status:	
Any Disabilities:	
Who is referring the service user to Streetlight UK?	Self-referral / Professional Referral (please circle)

Service User Address Details:	
Street:	
Town:	
County/Postcode:	
Living with:	Family / Alone / Friends / Other / Homeless
Living Arrangement (if not in secure accommodation)	Hostel / Street Homeless / Sofa-surfing / Brothel / Other

Details of Service User Dependents:			
Name	DOB /SEX	Relationship	Lives with Service User
			Yes / No (please circle)
			Yes / No (please circle)
			Yes / No (please circle)



Details of Service Users Emergency Contact:		
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Name	Relationship	Phone

Service User GP Details	
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Doctors Name:	
Surgery Address:	
Phone:	

Other agencies supporting Service User (if relevant)		
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1.		
Name		
Title/Role:		
Agency/Organisation:		
Phone:		
Email:		
2.		
Name		
Title/Role:		
Agency/Organisation:		
Phone:		
Email:		

Professional Referral Organisation Details (if applicable)	
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Contact Last Name:	
Contact First Name(s):	
Organisation	
Job Title/role:	
Mobile Tel:	
Work Tel:	
Email:	



Which area of the sex industry is the service user involved in? (tick any that apply):	
Working in a Brothel:	If so, how Many people work in the brothel:
Working for an Escort Agency:	
Human Trafficking/Modern Day Slavery:	
Independent (working alone):	
On Street Prostitution:	
Phone/Webcam Sex:	
Sexual Exploitation:	
Sex for Rent:	
Strip Club/Lap Dancing Club:	
Sugar Daddy/Sugar Baby arrangement:	
Survival Sex	
Other (Give details)	

I confirm that the above information is correct and that permission for the details in this referral to be shared with Streetlight UK has been approved. Details will be held by Streetlight UK and only disclosed as described in Streetlight UK Data Protection & Privacy Policy.

REFERRAL AGENCY (OR SERVICE USER IF SELF-REFERRAL):

Name:
 Job Role (if a professional referral):
 Signed: Date:

STREETLIGHT UK STAFF SUPPORT WORKER:

Name: Role:
 Signed: Date:



Service User Risk Assessment Details (TO BE COMPLETED BY STREETLIGHT UK)	Tick if applicable
Are any of these Indicators present: (not an exhaustive list)	
1. Advertises for sexual services offering individuals from particular ethnic or national groups	
2. Sleeping at work premises.	
3. Movement of individuals between brothels or working in alternate locations	
4. Individuals with very limited amounts of clothing or a large proportion of their clothing is 'sexual'.	
5. Only being able to speak sexual words in local language or language	
6. Having tattoos or other marks indicating 'ownership' by their exploiter.	
7. Evidence of intimidation or coerced into providing services of a sexual nature	
8. Person subjected to crimes such as abduction, assault or rape	
9. Someone other than the potential referral receives the money from the women in prostitution.	
10. Health symptoms (including sexual health issues)	
11. Any other (provide details):	