**Manchester Deaf Centre –**

**referral form for professionals**

**PERSON WHO IS REFERRING CONTACT DETAILS:**

|  |  |
| --- | --- |
| Referrer’s name: |  |
| Referrer’s contact details: |  |
| Organisation you work for: |  |
| Relationship to the client: |  |
| Does the client know that you are referring them? |  |

**CLIENT DETAILS:**

|  |  |  |
| --- | --- | --- |
| Name: | Age/DOB: | Gender: |
|  | DD/MM/YYYY |  |
| Address: | Postcode: |
|  |  |
| Email: | Safe to email |
|  | Y ☐ N ☐ |
| Contact number: | Safe to text |
|  | Y ☐ N ☐ |

|  |  |
| --- | --- |
| Language(s) spoken |  |
| Can they read and write English? |  |
| What is their level of deafness and communication preference? | Deaf BSL ☐ Deaf SSE ☐ Deaf but can’t sign ☐  Hard of hearing ☐ Other ☐ |
| Do they need an interpreter? |  |
| Any other communication needs? |  |
| Any other disability? |  |

|  |  |
| --- | --- |
| What type of abuse are they experiencing? | Verbal ☐ Financial ☐ Emotional ☐  Physical ☐ Sexual ☐ Unsure ☐ |
| Are they experiencing domestic abuse now? | Yes ☐ No ☐ |
| Do they have support from other services? | Yes ☐ No ☐ |

|  |
| --- |
| What support would they like to receive from Manchester Deaf Centre? |
|  |
| Reason for referral |
|  |

Please email the completed referral form to: [leahwitton@manchesterdeafcentre.com](mailto:leahwitton@manchesterdeafcentre.com) or

[micheller@manchesterdeafcentre.com](mailto:micheller@manchesterdeafcentre.com)

IF THE PERSON YOU WORK WITH IS IN IMMEDIATE DANGER, PLEASE CONTACT THE POLICE. YOU CAN DO THIS USING THE 999 BSL app <https://999bsl.co.uk/download/>