

**Client Self - Referral Form**

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| Date of Referral |  |

Client Information

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| --- | --- | --- | --- | --- |
| Client Name: |  |  |  |  |
|  | |  |  |  |
| Date of Birth: |  |  | Gender: |  |
|  | |  |  |  |
| Parent/Guardian if under 18 | |  |  |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Email: |  |

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|  |  |
| --- | --- |
| Contact Telephone Number: |  |

community

Reason for referral – Please be as specific as possible, this will help our team provide support tailored to your needs.

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| Please describe past trauma |
|  |

A Registered Scottish Charity Number SC049922

First Tier provides trauma informed support to survivors of sexual abuse and complex trauma who have learning support needs, including survivors with

Autism Spectrum Disorder who are displaying inappropriate sexualised thoughts or behaviours. We offer a trauma-informed, person-centred approach, structured, one-to-one emotional support and provide practical support to help clients with integration back into the community

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| --- |
| Does you have any triggers or fears staff should be aware of, i.e. closed doors, sounds etc – please summarise |
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| Do you have any additional support needs – Please summarise |
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| History of Offending |
| Do you have any prior or outstanding convictions / sexual offences Yes No  If yes, please provide details: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Client: |  | Date: |  |

Please return completed referral form by post or email to Sharon McKinley

Mail: Orkney Street Enterprise Centre, 18 Orkney Street, Govan, Glasgow G51 2BX

Email: [Referral@firsttier.org.uk](mailto:Referral@firsttier.org.uk)

**18 Brighton Place,**

Ibrox, Glasgow, G51 2BX

**Email**: referral@firsttier.org.uk

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