



Charity Number 1121122
Company Number 6344630

Please return to:
Cindy Orsich (Project Manager)
Waterside House
Bridge Approach
Barrow-in-Furness
Cumbria, LA14 2HE
Tel: 01229 841372

Email: cindy@safa-selfharm.com

Guidance Notes

SAFA is a charity committed to improving the mental health and emotional well-being of all individuals who self-harm.

SAFA is a team of qualified staff that is committed to making a positive difference to the lives of individuals aged 13+ who self-harm and to those who support them. Our primary goal is to empower the individual to take responsibility for their own lives by offering counselling and trusting support.

SAFA Offers:

- **Assessment** Initially the client will be seen for an assessment to evaluate their needs and to consider what would provide them with the most benefit.
- **One to One Counselling** Working in relationship with the client to address their needs and to empower them to discover new ways forward.
- **Support** We offer on-going support that is appropriate to the individual's needs; to those that are either not ready or unable to engage in the counselling process. We also provide support following counselling, enabling future guidance if needed.
- **Family Support** We offer group support for the families and friends of the client.

Involvement with other organisations, link person if known

Please give contact names and details of any other support staff that are involved with the individual being referred.

Data Protection

The information is held in accordance with the DATA PROTECTION ACT (1998) and THE FREEDOM OF INFORMATION ACT (2007) for the purpose of work in conjunction with the organisation.

Please return the completed form to the name and address given above.

Referral Form

The form is confidential when completed.



Personal Information

Last Name		First Name	
Date of Birth		Age	
Address			
Town		Postcode	
Residential Situation (e.g. living alone, partner, flat share, etc.)			
Tel. Number		Mobile Number	
Preferred Method of Contact (detail below)			
Email			
Mobile		Landline	

Support Information

G.P. Name		G.P. Tel. Number	
G.P. Address			
Mental Health Worker		Contact Details	
Current Support			

Medical Information

Does the client have any medical problems that we should be aware of?	Yes/No If yes, please give details below.
Is the client currently prescribed medication to help with their psychological problem(s)?	Yes/No
If yes, please indicate type of medication. <input type="checkbox"/> Anti-psychotics (nueroleptics/major tranquillizers) <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Anxiolytics/Hypnotics (minor tranquillizers) <input type="checkbox"/> Other	Please specify.
Is the client substance abusing? (For example: alcohol, drugs, medication or other substances)	Yes/No If yes, please give details below.
Please list substance abused/mis-used, age abuse started, frequency of abuse, whether injecting, history of overdoses.	
Is the client being seen by any therapist, psychologist or psychiatrist?	Yes/No If yes, please give details below.

This form is confidential when completed.



In your opinion, is the client a risk to themselves or to others?				
Risk	None	Mild	Moderate	Severe
Suicide				
Self-harm				
Harm to others				
Has a risk assessment been completed?			Yes/No	
If yes, is this attached?			Yes/No	

Additional Information

Please use the box below to provide any additional information you would like us to be made aware of.

Shared Information Consent (to be signed by client)

I give consent for information to be shared between SAFA and the organisation specified below, when it is deemed in my best interest to do so.	
Signature of client	Date

Referral Information

Name of Surgery or Organisation			
Address			
		Postcode	
Telephone Number (s)			
Print Name	Signature	Date	

This form is confidential when completed.