# SJAF REFERRAL FORM

The St Jeanne Antide Foundation (SJAF) is a registered social purpose non-profit organisation. Its overarching aim is to provide professional support services to very vulnerable individuals and families who are suffering due to very difficult life circumstances and those who are sliding into poverty and are socially excluded.

**To refer to the Generic Social Work Service, SOAR Service or the Lwien Service please fill-in appropriate referral form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Emotional Freedom Service**  | [ ]  |  |  | Other (Please specify) | [ ]  |  |

|  |  |
| --- | --- |
| **If Other, please specify**  |  |

# Section A: Details of Referrer and other professionals involved

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral:**  |  | **Referring Agency:** |  |
| **Service Unit:** |  | **Profession/ designation:** |  |
|  |
| **Name of Referrer:**  |  | **Warrant No (if applicable):** |  |
| **Direct Telephone/s Nos:**  |  | **E-mail address:**  |  |

**Details of other Professionals involved with the person/ family being referred**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Surname** | **Designation** | **Organisation** | **Email** | **Tel. No:** | **Supports which referred person?** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

# Section B: Service User Details

**Details of main person being referred**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Surname:** |  |
| **ID Number:** |  | **Date of Birth:** |  |
| **Gender:**  |  | **Nationality:** |  |
| **Email address:**  |  | **Mobile/Telephone number:**  |  |
| **Address 1:**  |  | **Address 2 –(locality):**  |  |
| **Language Preferred:**  |  |

**Reason for referral:** (Information re health, support network, social workers comments etc.)

|  |
| --- |
|   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is the service user referred aware of the referral:** | [ ]  | Yes | [ ]  | No | [ ]  | Not Yet |

**Other essential information:**

|  |
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 Signature of Referrer Date

**Filled-in referral forms are to be forwarded by email on info@antidemalta.org**