

Referral for WOW Well Woman Programme

Name	
Contact Email	
Contact Telephone	
Date :	

Children's Information:

Children Age & Gender					
Children's first Names (Optional)					

Is there any professional or Agency working with you that you would like us to know about?

.

What (learning) would you like to achieve from this course?

.

What concerning issues should we be aware of?

Does the perpetrator still live with you?	
Do you use drugs and/ or alcohol?	How much?
How is your mental health?	Are you taking medication?

From whom / where will you get emotional support while you are attending this course?

--

- Please confirm you have seen the content of the course and you are happy to join? _____

- Are you able to join for all the sessions? Yes No
- If not, how many sessions can you attend? _____

Do you commit to confidentiality about the content / other attendees of the course?

Yes	No
-----	----

Should we have to deliver the training via zoom, do you commit to having the camera on during the course delivery? Yes No

Does the perpetrator reside/visit your house? Yes No

Do you have the contact and emails of the facilitators whilst attending the course?
Yes No

Any other additional information