

PLEASE NOTE:

This referral form is for LGBTIQ+ individuals sleeping or staying in The City of Westminster, those with local connection to Westminster and or those working with organisations based in the city of Westminster UK. These are the only referrals we will be able to accept.

The service you are referring to: We are a complimentary service for LGBTIQ+ people. We provide identity responsive support to LGBTIQ+ individuals in the city of Westminster. Our outreach worker will work alongside accepted referrals to support them with identity specific needs.

A note for referrals - The Outside Project is a trans led organisation. Should the referee have any issues with working with people who identify as trans they should consider if The Outside Project is the right service for them prior to continuing with this from.

If you would like support to complete this form then please let our outreach worker know we will try to make an appointment for you to meet and complete it ASAP.

Outreach Phone number: 07784 768152

Outreach email: outreach@lgbtiqoutside.org

Referred persons details			
Name			
DOB:		Sexuality:	
Pronouns (I.e They/them he/him she/her etc)		Gender:	
Mobile number		Email:	
Ethnicity:		Nationality:	
Name and address of GP			
Languages spoken		Interpreter required?	
ID documents (eg passport, birth cert., visa inc. visa type)			
Next of kin or emergency contact name and phone number.		Relationship	
Special dietary requirements? (allergies, vegetarian/vegan, halal, cultural needs etc)			
Faith (any specific requirement)			

Where are you sleeping and what can we assist you with ?

Where are you sleeping? (Please give us details about where you are sleeping, if you are sleeping out the more precise the better)

When are you usually at your sleep site ?

Do you attend any day centres in Westminster?

Are you using any other services if so who?
E.G. GALOP, ST MUNGO'S ETC

What support do you require from the Outside Project?

About our meetings

How would you most like to be contacted ?
(Phone, text, whatsapp, email, in person meeting)

How would you most like to meet with our outreach team?
Phone call or In person ?

Would you like anyone to attend meetings with you?
E.G. friend or worker from another service.

Is there anything else you would like us to know ahead of meeting ?



OP Outreach form -

Data protection: I give permission for The Outside Project to store this information according to the Data Protection Act 1998. I accept that The Outside Project will share information with relevant services and agencies for the purposes of information gathering to assist me in finding support or more suitable accommodation or other appropriate assistance regarding my needs.

Guest's Signature	Date
Referrer's Signature	Date
Outside Project Signature	Date

Please return this form to-

outreach@lgbtiqoutside.org