

**Sister System**

**Studio 26, The Trampery, 639 High Road, London, N17 8AA**

**Email: programmes@sistersystem.org**

**Telephone: +44 07763 008018 Web: www.sistersystem.org**

**Self-Referral Form-Sister System**

**Name:** -----------------------------------------------------------------------------------------

**Date Of Birth:** -----------------------------------------------------------

**Address:** -----------------------------------------------------------------

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**Who do you live with?**

**On own/independently:** yes/no *(please tick/mark the appropriate box-)*  In flat

 In bedsit

 In semi independence unit

**Live with foster parents:** yes/no

**Live with birth parent:**  yes/no

 **Would you like to provide an** **emergency contact: yes/no**

 **If ‘yes’ who they are to you:**....................................

 **Contact phone number for your contact:** --------------------------------------

**Are you a survivor of:**

 child Sexual Exploitation domestic violence rape

 control or coercion child sexual abuse physical abuse

**Have you ever experienced?**

depression anxiety bipolar extreme Stress hypermania

loneliness anger bereavement panic attacks sleeplessness

**Anything else please note?** ………………………………………………………………………………...

*(If you would like to speak with us about any of the above, that's also fine).*

**Do you think you have challenges with drugs or alcohol?** yes/no *(please indicate)*

If ‘yes’ which drugs please specify: *…………………………………………………………..*

**Hobbies & Interest if any please share with us?** ----------------------------------------------------------------------------------------------------

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**What support do you think you would need from the Sister System? (If you are unsure at this stage don’t worry we can discuss this).**

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**What programme interests you (please refer to website for info)?**

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**Tell us how the care system affected you?**

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**Who is currently supporting you professionally or otherwise?**

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**Are you currently-(please mark)**

**In school In college At university**

**Not in education or training Not working**

**Thank you for completing this self-referral form, please email it to** **programmes@sistersystem.org** **or alternatively post it to our offices, address at the top of this form.**

**Next Steps- On receipt of this referral please expect a phone call within 5 days/unless urgent from one of our Sisters, who will arrange to speak with you which can either be done remotely or social distancing face-face.**