Yada Outreach Referral Form

Yada supports women impacted by sexual exploitation in West Sussex.
This includes women who have, who are, or who are at risk of experiencing sexual exploitation.

We have two pathways of support...

Women currently selling or exchanging sex

- Yada offers up to two years of support.
- Women are allocated a support worker and typically meet fortnightly in safe, informal settings such as cafés.
- Their support may include helping you with your safety, sexual health, housing, mental health, relationships, employment and isolation.
- They can advocate on your behalf with other services.
- They offer listening support
- Some women selling or exchanging sex may not identify as being sexually exploited. That is ok. We are still here to support you.

Women who have previously experienced sexual exploitation

- Yada offers up to 6 months of listening support
- Women are allocated a support worker and typically meet fortnightly in safe, informal settings such as cafés.
- They can offer listening support
- They can support you to access other services
- They can advocate on your behalf with other services
- Women can be supported to access our inhouse counselling services.

The team at Yada strive to be non-judgemental, trauma informed and person centred.

Please complete as much information as you can and email it to info@yadauk.org, attaching any other relevant information.

If you are unsure about which pathway is best suited for you, please contact us. These pathways are to help guide the support not to exclude anyone who may require outreach support from Yada.

Any questions or queries, please call: **07902 726432**. We will respond as soon as possible.

Referrer's Information:

Referrer's Name:

Referral Agency:

Contact Details:

Date of Referral:

Information about the person being referred:

Please tick this box to confirm the client has consented for their information to be passed onto Yada.

☐ The person being referred must have consented to the referral.
Please tick to say consent has been sought:

First Name:

Last Name:

Other Names (if known):

Date of Birth:

Address or Location Area:

Telephone:

Please indicate if it is safe to contact the client this way: ☐ Yes ☐ No

Email:

Please indicate if it is safe to contact the client this way: ☐ Yes ☐ No

Any accessibility requirements?	
Language:	
Does the client require an interpreter?	
Reason for referral and any other key information. E.g concerns around woman working in the sex industry, survival sex, sexual coercion, sex trafficking, historic sexual exploitation.	
Risk factors (current/historic abuse, substances etc.)	
Protective factors (i.e any family or friends, work, or community groups they are a part of)	
Are there any safety issues we should be aware of?	

Thank you for completing this referral form. Please send it to: info@yadauk.org

SEND PRINT