

Referral & Initial Assessment - Project Criteria Checklist

MW# _____

Date _____

Client Name: _____

Staff Initial: _____

COUNSELLING

Counselling available for the below remit **AND** location:

Women, or assigned female at birth:

- Experienced domestic abuse
- Live in deprived neighbourhood
- Low income
- Mum or mum-to-be
- Crewe (CW1, CW2)
- Nantwich (CW5)
- Winsford (CW7)
- Northwich (CW8, CW9)
- Surrounding area to above

INSPIRE

- Referred by a school our counsellors work in or attend a school we work in
- Girl aged 13/14 (Year 9 onwards) through to 18
- Live in Crewe or Winsford or surrounding
- Not working with another counselling organisation (e.g. CaMHS)

BELIEVE

- Mums with children on a child protection plan **AND**
- Plan commenced within last 3 months **AND**
- Live in CW7, CW8, CW1 or CW2

If none of the above applies, signpost to:

- wellbeing activities
- volunteering
- fundraising; or
- peer support groups.
- or other organisation as applicable

Office Use

Projects available for client _____

Next steps _____