



Neighbourhood Doulas Support Application

Form

The information contained in this communication is confidential. It is intended solely for the individual or entity to whom it is addressed and others authorised to receive it.

**Please answer each question to the best of your ability.*

We provide **free** services for women/birthing people who find themselves without a birth partner and/or who are experiencing financial hardship* and at least one of the following

1. The person is:

- Lacking a suitable birth support person
 - Under 25
 - Newly arrived migrant
 - Refugee background or seeking asylum
 - Having a history of mental health issues
 - At risk of perinatal mental health issues
 - Experiencing homelessness or housing issues
 - Experiencing or a survivor of trauma
 - Having issues with current or historical substance misuse
 - Victim / Survivor of rape
 - Victim / Survivor of trafficking
 - Victim / Survivor of domestic violence
 - I have other concerns that are not covered above.
(Please give details)
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PLEASE NOTE: We reserve our right to retract our free support services if we perceive that the mother is not in financial hardship and could afford a doula privately

2. Referrer's email address:

3. Referrer's name:

4. Referrer's phone number and email address:

5. Client's full name:

6. Client's preferred pronouns: (e.g. She/Her/They/Them)

7. Client's date of birth:

____ / ____ / ____

8. Client's NHS number:

9. Client's address:

10. Client's phone number:

11. Client's email address:

12. Estimated Due Date:

/ /

13. Booking hospital:

14. Choice of birth venue:

- Labour ward
- Birth centre
- Home birth

- Not known
- Other

15. Support the client needs:

- Birth support (2-3 meetings before labour and birth + 2 visits postnatal)
- Postnatal support - 6 weeks (If the client needs extended support, we can offer up to 12 weeks)
- Both

16. Number of children:

- First baby
- Second baby
- Third baby
- Fourth baby
- Other

17. Client's living conditions: (Secure accommodation, Temporary accommodation, Living with a friend etc.)

18. Does the client have a birth partner? (Partner, Ex- partner, Family member, Friend)

- Yes
- No
- Not yet sure

- Other
(Please give details)

19. Is there anyone in the client's life who is known to be aggressive or violent?

- Yes
- No
- Not known

Please give details)

20. Does the client have access to public funds?

- Access to public funds
- No access to public funds
- Supported by partner
- Working but on low income
- Other

Please give details)

21. Level of English

- Native speaker
- Fluent
- Good
- Elementary
- Basic

22. Other languages spoken:

23. Other agencies (Social worker, Hestia etc.) involved in the care of the client and contact details:

24. Other relevant information about the client (immigration status, language support needs, Disability etc.)

25. Managing risks: We would like to create a safe environment for our clients and also our supporting doulas. Please mention any medical or other information that could potentially create a risk to anyone involved

Confidentiality

This form contains confidential and proprietary material for the sole use of the intended recipients. We adhere to GDPR guidelines and will only keep the submitted information whilst we are working with the mother/parent. We will not share this information with other agencies.

Thank you for your referral. Please email to:

office@neighbourhooddoulas.org
