



Appendix 3 to the Regulations for the implementation of the "ANTIDiscrimination Action" project

INITIAL NEEDS ASSESSMENT FORM IN THE FIELD OF SPECIALISED COUNSELLING

This form is intended to determine your needs in the context of participation in the "ANTIDiscrimination Action" project. All information provided in the form is confidential and will be used only to determine the appropriate individual support for you in the field of specialist counselling. As part of the project, you can receive legal, psychological and psychiatric support. The availability and scope of support in each area is specified in detail in the project implementation rules. Please choose your answers carefully, as closely as possible to your real needs/expectations. You can select more than one answer in each part of the form.

1. Name and surname of the candidate for participation in the project:

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2. EXPERIENCES OF DISCRIMINATION/VIOLENCE

1) Types of discrimination/violence:

- ☐ Hate speech (online/offline)
- ☐ Physical violence
- ☐ Psychological/emotional violence
- ☐ Sexual violence
- ☐ Bullying at school/work
- ☐ Denial of services/access to education or healthcare
- ☐ Threats/intimidation
- ☐ Discrimination based on ethnic origin, language, skin colour or accent
- ☐ Difficult access to housing/employment due to ethnic/national origin
- ☐ Violence motivated by cultural or religious prejudice
- ☐ Other, please specify:



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2) Discrimination/violence was related to:

- ☐ Ethnic/cultural origin
- ☐ Nationality/citizenship
- ☐ Migration status (e.g. refugee, third-country national)
- ☐ Other, please specify

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3. MENTAL AND EMOTIONAL STATE

- ☐ I experience chronic anxiety, tension or restlessness
- ☐ I have difficulty sleeping/nightmares/insomnia
- ☐ I experience feelings of sadness, meaninglessness or helplessness
- ☐ I am experiencing trauma related to a situation I have experienced
- ☐ I am experiencing suicidal thoughts or self-harm
- ☐ I feel isolated and misunderstood
- ☐ Other, please specify

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4. LEGAL NEEDS

- ☐ I want to report a crime/abuse
- ☐ I have reported the matter but need support in the proceedings
- ☐ I have experienced institutional discrimination (school, government office, work)
- ☐ I need help with family law, housing law, labour law



☐ I need support in legalising my stay/obtaining refugee status/citizenship

☐ I need information about my rights as a foreigner in Poland

☐ Other, please specify

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5. DAILY FUNCTIONING AND SAFETY

☐ I currently feel safe

☐ I have people who support me/a community/a support group

☐ I need help in dealing with institutions

☐ I have difficulties at work/school/place of residence

☐ I experience language and cultural barriers in everyday life

☐ I have difficulties with cultural adaptation

☐ I feel socially excluded because of my ethnic/national origin

☐ Other, please specify

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6. SELF-IDENTIFICATION OF NEEDS/EXPECTATIONS

Please specify, based on your own experience, what kind of specialist support you need/expect:

☐ Psychological

☐ Psychiatric

☐ Legal

Additional comments on the above (if applicable):

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Recommendation – to be completed by the project organiser

Based on the diagnosis, I refer you (*name and surname*):

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to participate in individual specialist counselling as part of the "Anti-Discrimination Action" project in the following area (*please tick the appropriate box*):

☐ Psychological

☐ Legal

☐ Psychiatric

Additional comments on the above referral (if applicable):

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Date and place

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Legible signature of the organiser's representative project