**Referral Form**

|  |  |
| --- | --- |
| **Staff Name:** | |
| **Date:** | **Form completed by:**  **Stop Domestic Abuse**  **Other Agency:** |

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| **Service Requested** | | Refuge | | | | | Adult One to One Support | | | | Target Hardening | | | | Children and Young People (CYP) | | | | Group Work | |
| **Referrer Details** | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | **Phone Number:** | |  | | |
| **Email:** | | | |  | | | | | | | | | | | | | | | | |
| **Client Details** | | | | | | | | | | | | | | | | | | | | |
| **Title** |  | | | | **Full Name** | | |  | | | | | | | | | **Alias** | | |  |
| **Date of Birth** |  | | | | | | | **Age** | |  | | | |  | | | | | | |
| **Gender** | **Female**  **Male**  **Transgender**  **Other ………………..............................** | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian**  **Name for CYP** | | | |  | | | | | **Parent/Guardian contact numbers:** | | | | | | |  | | | | |
| **Child/Young Person Contact Number:** | | | |  | | | | | | | | | | | | | | | | |
| **Child/Young Person School / College details** | | | |  | | | | | | | | | | | | | | | | |
| **Safe contact number:** | | | |  | | | | | | | | | **Safe to Leave a message? Yes**  **No** | | | | | | | |
| **Alternative number:** | | | |  | | | | | | | | | **Safe to send a text? Yes**  **No** | | | | | | | |
| **Safe time to call / will someone else answer this phone?** | | | | | | | | | | | | |  | | | | | | | |
| **Email Address:** | | |  | | | | | | | | | | | | | | | | | |
| **Is client only person with access?** | | | | | | **Yes**  **No** | | | | | |  | | | | | | | | |
| **NI Number:** | | | | | |  | | | | | | | | | | | | | | |

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| **Current Accommodation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Post Code:** | | | | | | | |
| **Type of Tenure** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address fled from (if different from above ):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Post Code:** | | | | | | | | |
| **Alleged Perpetrator Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | | | | | **Date of Birth:** | | | | | | | | | | | | | | | | | **Address:** | | | | | | | | | | | | | | | | |
| **Gender:** | | | | | | | | | **Female**  **Male**  **Transgender**  **Other ……………..** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bail Conditions:** | | | | | | | | | **Civil Orders:** | | | | | | | | | | | | | | | | | | | | | **Criminal Orders:** | | | | | | | | | | | | |
| **Occupation:** | | | | | | | | | | | | | | | | | | | | | | **Does the Alleged Perpetrator remain in, or have access to the home?**  **Yes  No** | | | | | | | | | | | | | | | | | | | | |
| **Car Details (Registration No, Colour, Make Model etc)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alleged Perpetrator’s Additional Needs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mental Health** | | | | | | | | | | | **Learning Disability** | | | | | | | | | | | | | | | | | | | **Dual Diagnosis** | | | | | | | | | | | | |
| **Physical Health** | | | | | | | | | | | **Alcohol Misuse** | | | | | | | | | | | | | | | | | | | **Substance Misuse** | | | | | | | | | | | | |
| **Alleged Perpetrator’s Relationship to Victim:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner** | | | | | | | | | | | **Ex-Partner** | | | | | | | | | | | | | | | | | | | **Parent/Step Parent** | | | | | | | | | | | | |
| **Adult Son/Daughter** | | | | | | | | | | | **Son/Daughter Under 16** | | | | | | | | | | | | | | | | | | | **Other Family Member…………** | | | | | | | | | | | | |
| **Has a referral been made to the Perpetrator Service?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | |
| **Details of Family Members In The Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | **Surname** | | | | | | | | | | | **Gender** | | | | | | | | | | **Relationship** | | | | | | | | | **Date of Birth** | | | | | | | | **Age** | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
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| **Details of Other People in the Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | **Surname** | | | | | | | | | | | **Gender** | | | | | | | | | | **Relationship** | | | | | | | | | **Date of Birth** | | | | | | | | **Age** | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | |
| **Are they pregnant? Yes**  **No** | | | | | | | | | | | | | | | | | **Estimated due date?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Needs/Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any Mental Health support needs?** | | | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | | | | | | | **Are they on any Medication?**  **Yes  No** | | | | | | | | | | | | | |
| **Any Physical Heath support needs?** | | | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | | | | | | |
| **Disabilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do they have any disabilities? Yes  No** | | | | | | | | | | | | | | | | | | | | | **Are they registered disabled? Yes  No** | | | | | | | | | | | | | | | | | | | | | |
| **Further information for Mental Health / Disability Support Needs:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the client have any history of the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Alcohol Problems** | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | **Sexual Offences** | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| **Substance Misuse** | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | **Criminal Offences** | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| **Aggression** | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | **Stalking** | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| **Arson** | | | | | | | | **Yes**  **No** | | | | | | | | | | | | | **Breaches of order or bail** | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | |
| **Self Harm** | | | | | | | | **Yes**  **No** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **If yes to any of above, give details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cultural / Religious Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any cultural or faith needs that they require support with?** | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | | | | | | | |
| **If yes give details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the client require an interpreter?** | | | | | | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | | | | | | | | |
| **If yes what language?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group\* (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | **Mixed / Multiple Ethnic Background** | | | | | | | | | | | **Asian or Asian British** | | | | | | | | | | | | **Black / African / Caribbean / Black British** | | | | | | | | | | | **Other ethnic group:** | | | |
| British |  | | | | White & Black Caribbean | | | | | | |  | | | | Indian | | | | | | | | |  | | | African | | | | | | | | | |  | Arab | | |  |
| Irish |  | | | | White & Black African | | | | | | |  | | | | Pakistani | | | | | | | | |  | | | Caribbean | | | | | | | | | |  | Other | | |  |
| Gypsy or  Irish Traveler |  | | | | White & Asian | | | | | | |  | | | | Bangladeshi | | | | | | | | |  | | | Any other Black / African / Caribbean / Black British | | | | | | | | | |  | Don’t Know | | |  |
| Eastern European |  | | | | Any other Mixed / Multiple Ethnic Background | | | | | | |  | | | | Chinese | | | | | | | | |  | | | Not Asked | | |  |
| Any other White Back ground |  | | | | Any other Asian Background | | | | | | | | |  | | | Declined | | |  |
| Details of Ethnicity Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*This is to demonstrate we offer an inclusive service. Information will be used for monitoring purposes only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Domestic Abuse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are they leaving because of Domestic Abuse? Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Abuse(please mark if relevant):** | | | | | | **Physical** | | | | | | | | | | | | **Emotional** | | | | | | | | | **Financial** | | | | | | | | | | | **Sexual** | | | | |
| **Psychological** | | | | | | | | | | | | **HBV** | | | | | | | | | **FGM** | | | | | | | | | | | **Coercive Control** | | | | |
| **Reason for referral – Please give brief summary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have the authorities been involved?** | | | | | | | | | | | | | | | **Police: Yes**  **No** | | | | | | | | | | | | | | | | **Social Care: Yes**  **No** | | | | | | | | | | | |
| **Allocated Social Worker?**  **Name: Phone Number:**  **Email:**  **Adult Services  Children’s Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are Children on the Child Protection Plan/CIN?** | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | | | | |  | | | | | | | | | | | |
| **DASH Completed?** | | | | | | | **Yes**  **No** | | | | | | | | | | | | | **Date Completed:** | | | | | | | | | | | | | | | | | **Score** | | | | | |
| **Concerns** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list any concerns from Stop Domestic Abuse or Referring Agency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any risks associated with this referral?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | |
| **Does a Risk Assessment need to be completed prior to admittance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | |
| **If yes has a risk assessment been completed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | |

**Data Protection**

By submitting this referral form to Stop Domestic Abuse Service, you agree to our processing your personal information in order to assess, manage and develop any services we provide for you and sharing this information with our sub-contractor, Andover Crisis and Support Centre, if you require services delivered in Test Valley District. If you are offered a place at one of our refuges or safe house we may need to pass your information to the relevant landlord – although we only do this on the understanding they keep the information confidential. If you require Target Hardening services in Basingstoke and Deane, Eastleigh, New Forest, Test Valley or Winchester Districts we will pass your details to The You Trust who provide this service.

With your permission we will pass on information about you, including your contact details, to other organisations that are running services of use to you. We will only pass your information on without your permission if we have concerns for a child or vulnerable adult or we are compelled by law. We will never pass your contact details on to salespeople, or to private organisations.

As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 2018 to see and if necessary, correct personal data we hold about you. Please contact us if you would like to see the information held on you, or if you do not wish to be contacted by us in the future.

On receiving this referral we will attempt to contact you to discuss support options and will explain our full privacy notice. If you have any questions about how we will use your information please talk to one of our staff.

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| Has verbal agreement for this referral been obtained from the client? Yes  No  I confirm I have read the data protection statement above and all information given is true and correct to the best of my knowledge.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For referrals for Hampshire (except Portsmouth and Southampton) please send completed forms to [advice@stopdomesticabuse.uk](mailto:advice@stopdomesticabuse.uk)  or  [advice.hampshire@stopdomesticabuse.cjsm.net](mailto:advice.hampshire@stopdomesticabuse.cjsm.net) (secure) |