**Referral Form**

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| **Date of Referral** | Click here to enter text. | | | | | | |  | | **Referred From** | | Click here to enter text. | |
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| **Referrer Details** | | | | | | | | | | | | | |
| **Name** | Click here to enter text. | | | | | | |  | | **Address** | | Click here to enter text. | |
| **Job Title** | Click here to enter text. | | | | | | |  | |  | | Click here to enter text. | |
| **Tel No** | Click here to enter text. | | | | | | |  | | **Email address** | | Click here to enter text. | |
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| **Client Details** | | | | | | | | | | | | | |
| **Name** | Click here to enter text. | | | | | | |  | | **Address** | | Click here to enter text. | |
| **Other Known Names** | Click here to enter text. | | | | | | |  | | Click here to enter text. | | | |
| **Mobile No** | Click here to enter text. | | | | | | |  | | **Post code** | | Click here to enter text. | |
| **Home Tel** | Click here to enter text. | | | | | | |  | | **Was this owned, rented or refuge** | | Click here to enter text. | |
| **Email** | Click here to enter text. | | | | | | |  | | **Ethnicity** | | Click here to enter text. | |
| **DOB/Age** | Click here to enter text. | | | | | | |  | | **Gender** | | Click here to enter text. | |
| **Which of these contacts are safe to use** | **Postal** | **Email** | | **Text** | **Home** | **Mobile** | |  | | **Is it safe to leave voicemail message/text** | | **Y/N** | |
| **Sexuality** | Click here to enter text. | | | | | | |  | | **Religion** | | Click here to enter text. | |
| **Disability (please specify)** Click here to enter text. | | | | | | | | | | | | | |
| **Married / Single / Separated /Widowed / Divorced / Co-habiting** Click here to enter text. | | | | | | | | | | | | | |
| **Marriage details (if applicable)** | | | | | | | | | | | | | |
| **Date of marriage:** Click here to enter text. | | | | | | | | **Place of marriage:** Click here to enter text. | | | | | |
| **Date you separated from your partner and/or left home:** Click here to enter text. | | | | | | | | | | | | | |
| **Any areas deemed a risk to you? Y/N If yes, please specify:** Click here to enter text. | | | | | | | | | | | | | |
| **Language used:** Click here to enter text. | | | | | | | | | **Interpreter needed:** Click here to enter text. | | | | |
| **National Insurance Number:** Click here to enter text. | | | | | | | | | | | | | |
| **Are you employed (full time/part time):** Click here to enter text. | | | | | | | | **Name of employer and address:** Click here to enter text. | | | | | |
| **Do you receive benefits: Y/N** Click here to enter text. | | | | | | | | **If yes, which benefits are you in receipt of:** Click here to enter text. | | | | | |
| **Is the victim pregnant: Y/N** Click here to enter text. | | | | | | | | **If yes, please provide Expected Date:** Click here to enter text. | | | | | |
| **Does client have any other secondary issues? E.g. mental health, alcohol, drugs, learning disability? Please provide details.**  Click here to enter text. | | | | | | | | | | | | | |
| **Please provide GP details - Name:** Click here to enter text. | | | | | | | | | | | | | |
| **GP Address:** Click here to enter text. | | | | | | | | | | | | | |
| **Contact No:** Click here to enter text. | | | | | | | | | | | | | |
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| **Immigration Status** | | | | | | | | | | | | | |
| **Indefinite Leave to Remain: Y/N** | Click here to enter text. | | | | | | |  | | **Recourse to public funds: Y/N** | | Click here to enter text. | |
| **Refugee/Asylum Seeker:** | Click here to enter text. | | | | | | |  | | **Details of passport/visa:**  Click here to enter text. | | | |
| **If yes, please specify date of entry to UK:** | Click here to enter text. | | | | | | |  | |
| **If no funding, can client fund themselves or can another agency fund them to stay in safehouse/refuge** Click here to enter text. | | | | | | | | | | | | | |
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| **Perpetrator details (if Applicable)** | | | | | | | | | | | | | |
| **Name** | Click here to enter text. | | | | | | |  | | **DOB/AGE** | | | Click here to enter text. |
| **Address** | Click here to enter text. | | | | | | |  | | **Current risk from perpetrator?** | | | Click here to enter text. |
| **Does the perpetrator have any history of violence or criminal record: Y/N** Click here to enter text.  **Does the perpetrator have any criminal convictions?** Click here to enter text. | | | | | | | | **If yes, please provide details:** Click here to enter text.  **If yes, please provide details:** Click here to enter text. | | | | | |
|  | | | | | | | | | | | | | | |
| **Child/ren Details** | | | | | | | | | | | | | | |
| **Name** | | | **Age/DOB** | | | | **Gender** | | | | **Address if different** | | | |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | | | | Click here to enter text. | | | |
| Click here to enter text. | | | Click here to enter text. | | | | Click here to enter text. | | | | Click here to enter text. | | | |
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| **School Details** | | | | | | | |
| **School Name:** Click here to enter text.  **Address:** Click here to enter text.  **Contact No:** | | | | | | | |
| **Was child present at the incident? Y/N** | | | | | | | |
| **Did the child witness the incident? Y/N** | | | | | | | |
| **Any injuries sustained? Y/N**  **If yes, please provide details:** Click here to enter text. | | | | | | | |
|  | |  |  | | |  | | |
| **CAF Completed** Choose an item. **If yes, please provide details** Click here to enter text. | | | | | | | |
| **CP or CIN** Choose an item. **If yes, please provide details** Click here to enter text. | | | | | | | |
|  | |  |  | | |  | | |
| **Details of problem/enquiry/reason for referral** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Last known incident (give details):** Click here to enter text. | | | | | | | |
|  |  | | |  |  | |  |
| **CAADA-DASH RIC** Choose an item. **If yes is it High / Medium / Low** Click here to enter text. | | | | | | | |
| **Are you working with any other agencies at present? Y/N**  **Agency details (including contact details e.g. Police, Social Worker, Healthcare Professionals etc)**  **1:** Click here to enter text.  **2:** Click here to enter text.  **3:** Click here to enter text.  **4:** Click here to enter text. | | | | | | | |

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| |  | | --- | | **Safe Person to contact** | | **Name** Click here to enter text. | | **Address** Click here to enter text. | | **Contact No** Click here to enter text. | | **Relationship to victim** Click here to enter text. |  |  | | --- | | **Risk Assessment** | | **Does client have any convictions, pending convictions or being investigated by police? Y/N**  **If yes, please provide details:** Click here to enter text. | | **Does client have any history of self-harm? Y/N**  **If yes, please provide details:** Click here to enter text. | | **Has the client been in a refuge previously? Y/N**  **If yes, please provide details of dates and duration:** Click here to enter text. | | **Has the client been evicted from a refuge or service previously? Y/N**  **If yes, please provide detail:** Click here to enter text. | | **Are there any indicators to suggest the perpetrator would follow the client to the refuge? Y/N**  **If yes, please provide details:** Click here to enter text. | | **Please advise of any additional relevant information re: health, special needs, any faith or cultural needs:** Click here to enter text. | | **What issues do you feel you need support with?**  **Outreach Support Y/N Safety measure Y/N**  **Benefits Advice Y/N Emotional Support Y/N**  **Legal Support Y/N Mental Health Y/N**  **Accessing Services Y/N Immigration advice Y/N**  **Housing Y/N Other (If yes, please specify) Y/N**  Click here to enter text. |   **For Office Use only:** | | | | | |
| **Referral taken by** | | | | | |
| **Name** | Click here to enter text. | |  | **Date/Time** | Click here to enter text. |
| **Feedback given to referrer?** | | Click here to enter text. |  | **Date of first contact with client?** | Click here to enter text. |
| **How and When?** Click here to enter text. | | | | | |
| **Referral accepted for refuge? Y/N**  **If not, please provide details:** Click here to enter text. | | | | | |

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| **Advice Given/Action Plan** | | | | |
| Click here to enter text. | | | | |
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| **Agency referred to** | | | | |
| **Agency** | Click here to enter text. |  | **Address** | Click here to enter text. |
| **Contact person** | Click here to enter text. |  | **Email** | Click here to enter text. |
| **Contact No** | Click here to enter text. |  | **Date Referred** | Click here to enter text. |
|  |  |  |  |  |
| **Appointment** | | | | |
| **Time** | Click here to enter text. |  | **Date** | Click here to enter text. |
|  |  |  |  |  |
| **Client Authorisation** | | | | |
| **I authorise my case to be referred to the agency listed and if applicable to any relevant third party.** | | | | |
| **Signed** | Click here to enter text. |  | **Date** | Click here to enter text. |
|  |  |  |  |  |
| **Advisor signature** | Click here to enter text. |  | **Date** | Click here to enter text. |