** FAMILY REFERRAL FORM**

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| --- |
| **Email completed form to:** referrals@myharbour.org.uk**or secure email:**  harbour.referrals@harbourdas.cjsm.net**Telephone:** 03000 20 25 25 |

This form should be completed in conjunction with Harbour’s Referral Guidelines.

**1. THE REFERRER**

|  |  |  |  |
| --- | --- | --- | --- |
| Time & Date |       | Telephone Number |       |
| Job Title of Referrer |       | Name of Referrer |       |
| Email Address of Referrer |       | Agency |       |
| **Service Areas** **Who is this referral for?** | **Area**[ ]  Hartlepool [ ]  Middlesbrough [ ] Stockton [ ]  Durham **Family members requiring support:** [ ]  Person experiencing Domestic Abuse [ ]  Person using violence/abuse [ ]  Child/ren stated on the form |

**2. FAMILY DETAILS**

|  |  |  |
| --- | --- | --- |
| Name of person using violence/abuse | Date of Birth |  [ ] M  [ ]  F  [ ]  Trans [ ]  Non Binary |
|       |       |
| Other Known Names | Telephone Number |
|       |       |
| Email Address: |       |
| Address: | Postcode: |
|       |       |
| Are there ongoing private law proceedings? | [ ] Y [ ] N | If yes give Details :       |
| Is an interpreter needed? If yes, give details.  | [ ] Y [ ] N | Details :       |
| Is the person pregnant? | [ ] Y [ ] N | Details :       |
| Is there an ongoing criminal case? | [ ] Y [ ] N | Details :       |
| Are they currently on bail? | [ ] Y [ ] N | Details :       |
| Are they aware of the referral and do they consent to Harbour gathering and storing the details you are providing about them? | [ ] Y [ ] N | Details :       |

**PERSON EXPERIENCING DOMESTIC ABUSE PERSON USING VIOLENCE/ABUSE**

|  |  |  |
| --- | --- | --- |
| Name of person experiencing domestic abuse | Date of Birth |  [ ] M  [ ]  F  [ ]  Trans [ ]  Non Binary |
|       |       |
| Other Known Names | Telephone Number |
|       |       |
| Email Address: |       |
| Address: | Postcode: |
|       |       |
| Is the address, email & tel number above safe to use? If not, give alternative contact details. | [ ] Y [ ] N | Alternative Details :       |
| Is an interpreter needed? If yes, give details.  | [ ] Y [ ] N | Details :       |
| Is the person pregnant? | [ ] Y [ ] N | Details :       |
| Are they aware of the referral and do they consent to Harbour gathering and storing the details you are providing about them? | [ ] Y [ ] N | Details :       |

**CHILDREN AND YOUNG PEOPLE’S DETAILS -** Detail any children/young people within the family – Continue on a separate sheet if needed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  | [ ] M [ ]  F [ ]  T  |
| Relationship to person experiencing domestic abuse      |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ] N | Details :       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ] N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ] N | Details:      |
| Has an Early Help Assessment been completed on the child/young person?If yes, give details | Lead Agency |       | Date of assessment |       |
| Copy Supplied |       | Other information |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  | [ ] M [ ]  F [ ]  T |
| Relationship to person experiencing domestic abuse      |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ] N | Details :       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ] N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ] N | Details:      |
| Has an Early Help Assessment been completed on the child/young person? If yes, give details | Lead Agency |       | Date of assessment |       |
| Copy Supplied |       | Other information |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  |  [ ] M [ ]  F [ ]  T |
| Relationship to person experiencing domestic abuse      |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ]  N | Details :       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ]  N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ]  N | Details:      |
| Has an Early Help Assessment been completed on the child/young person? If yes, give details | Lead Agency |       | Date of assessment |       |
| Copy Supplied |       | Other information |       |

**OTHER SIGNIFICANT FAMILY MEMBERS – Continue on a separate sheet if needed**

Detail any other significant family members, especially if they are living within the household and/or they may be vulnerable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (including surname) | Date of Birth | Same Address? | Gender | Telephone number | Relationship to family |
|       |       | [ ] Y [ ]  N | [ ] M [ ]  F  |       |       |
|       |       | [ ] Y [ ]  N | [ ] M [ ]  F  |       |       |

**3. BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| Reason for referral |       |
| Is any member of the family on MARAC/MAPPA? If yes, give details.  | [ ] Y [ ]  N [ ] Unknown | Name(s) of person(s) on MARAC/MAPPA:       | Details :       |
| Have you completed the DASH risk assessment? If yes, give details | [ ] Y [ ]  N  | Details :       |
| Does this family have any additional needs which are known to the referrer in addition to domestic abuse? If yes, give details. | [ ] Y [ ]  N  | Details :       |

**4. REFUGE SERVICE ONLY**

Complete only if refuge accommodation is required

|  |  |  |
| --- | --- | --- |
| Does the woman have recourse to public funds? If No, give details | [ ] Y [ ]  N [ ] Unknown | Details :       |
| Has the woman been in any refuge before? If yes, give details | [ ] Y [ ]  N [ ] Unknown | Details :       |
| Do you have any reason to believe that the abuser is likely to pursue the woman to the refuge? If yes, give details | [ ] Y [ ]  N | Details :       |

**5. CONFIRMATION**

I CONFIRM THAT THE REFERRAL GUIDELINES HAVE BEEN READ AND UNDERSTOOD AND THAT THE DETAILS GIVEN ARE ACCURATE.

I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSIONS MAY RESULT IN ANY OFFERS OF SERVICE WITHDRAWN.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature/name of referrer |       | Date |      |

|  |
| --- |
| Additional Information:       |