** FAMILY REFERRAL FORM**

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| **Email completed form to:** [referrals@myharbour.org.uk](mailto:referrals@myharbour.org.uk)  **or secure email:**  [harbour.referrals@harbourdas.cjsm.net](mailto: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: |