**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. |
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| **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. |
| 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. |
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| **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. |
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| **Details of problem/enquiry/reason for referral**  |
| Click here to enter text. |
| **Last known incident (give details):** Click here to enter text. |
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| **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. |

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| **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. |
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| **Appointment** |
| **Time** | Click here to enter text. |  | **Date**  | Click here to enter text. |
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| **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. |