REFERRAL FORM

This form must be completed for all referrals

Service Referring for (please tick):

Outreach Support ☐

Refuge Accommodation ☐

IDVA and Outreach for Forced Marriage ☐

Counselling ☐

Honour Based Abuse ☐

Date of the referral ______________________________

Please confirm that consent has been obtained from the client to share information with specified third party Yes ☐ No ☐

Verbal consent given by the client to share information Yes ☐ No ☐

DATA PROTECTION STATEMENT
Please ensure that the client is aware that the information gathered and included in the Referral Form is confidential and will be retained on file. This information will be shared with others on a need-to-know basis and will only be disclosed to third parties without the consent of client, if there is a significant risk of harm to a child or adult.

Data/Confidently statement explained to the client by Staff Name: ______________________________

Name of the client ______________________________ has verbally agreed to the Data/Confidently Statement

Date: ______________________

CLIENT'S DETAILS	
Name	
Date of Birth	
Contact Number	
Safety - Is it safe to:	Call? Yes ☐ No ☐ Text? Yes ☐ No ☐ Voicemail Yes ☐ No ☐ WhatsApp ? Yes ☐ No ☐ Send email? Yes ☐ No ☐ Send post Yes ☐ No ☐
Email address	
Does the client need an interpreter? Yes ☐ No ☐ If yes, give details	

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Other communication aids required (example hearing loop) Yes ☐ No ☐ If yes, give details	
Does the client have any disability? Yes ☐ No ☐	
Name of Agency making referral:	Contact Name: Telephone : Email:
Nature of domestic and sexual violence (VAWG)	**Please provide a brief outline of the case, detailing any risk factors identified**
Physical Yes ☐ No ☐ Emotional Yes ☐ No ☐ Financial Yes ☐ No ☐ Sexual abuse Yes ☐ No ☐ Rape Yes ☐ No ☐ FGM Yes ☐ No ☐ Crimes committed in the name of so called honour Yes ☐ No ☐ Forced marriage Yes ☐ No ☐ Prostitution Yes ☐ No ☐ Stalking Yes ☐ No ☐ Harassment Yes ☐ No ☐ Tech abuse Yes ☐ No ☐ Trafficking for sexual exploitation Yes ☐ No ☐ Trafficking for modern slavery Yes ☐ No ☐ Gang-related Yes ☐ No ☐	
Address fleeing from	**Current Present Address If different**
__________ __________ __________ Length of time at above address: __________ Type of Housing ☐ Living with AP ☐ Property owned in joint names ☐ Property owned by AP	__________ __________ __________ Type of Accommodation: __________ ☐ Temporary Accommodation, (if yes) placed by: __________

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☐ Unknown ☐ Private rented ☐ Council ☐ Housing Association ☐ Temporary Accommodation ☐ Other e.g. family/friends Type of Tenancy: ☐ Sole ☐ Joint ☐ None ☐ Unknown	☐ B&B ☐ Hostel ☐ Refuge ☐ Hospital ☐ Other e.g. family/friends Is the current accommodation safe: Yes ☐ No ☐ How long can you stay: ____
Danger area(s)	
Other agencies involved in client's support: What other agencies already work with the client (e.g., Community Mental Health Team, Refugee service, Asylum team or women organisation) and what are they doing? Please give contact details if available	**Other agencies involved**
Are you aware of any risks (either to self or staff) associated with this client? *If yes, please provide details*	
Does the client at risk in terms of suicide or self-harm? Yes ☐ No ☐ *If yes, please provide details.*	
Are you a British Citizen or UK resident Yes ☐ No ☐ If no, please give details	

Organisation	Job Title / Relationship	Contact details

Client's Immigration Status

Spouse Visa	Yes ☐	No ☐	Asylum Seeker	Yes ☐	No ☐	EEA National	Yes ☐	No ☐
Student Visa	Yes ☐	No ☐	Refugee	Yes ☐	No ☐	Other Details:	Yes ☐	No ☐
Work Visa	Yes ☐	No ☐	Over Stayer	Yes ☐	No ☐			

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PERPETRATOR'S DETAILS	
Name	
Date of Birth	
Relationship to client	
Does the perpetrator still live with the client or have access to her current address? Yes ☐ No ☐ Is the perpetrator aware of your current address? Yes ☐ No ☐ Are you in contact with the perpetrator? Yes ☐ No ☐	
Does the perpetrator have contact with your friends and family? Yes ☐ No ☐	
Criminal record	
Date of last Incident	
Were the police involved?	
Police officer in charge	
Any bail conditions	
Are there any other perpetrator Yes ☐ No ☐ If yes relationship to client:	
PREGNANCY AND CHILDREN	
Is the client pregnant? Yes ☐ No ☐	
If yes, expected due date	
Is the client caring for/has any children? Yes ☐ No ☐ If yes, please provide their details	

Name		Relationship		D.O.B		Perp's child? Y/N		Living with client?	
Name		Relationship		D.O.B		Perp's child? Y/N		Living with client?	
Name		Relationship		D.O.B		Perp's child? Y/N		Living with client?	

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Any other information/concerns in regards to the children:

Are there any child protection concerns Yes ☐ No ☐

If yes, please provide details ____________________

Details of Social Worker Name and Contact details ____________________

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Is there an ongoing custody case Yes ☐ No ☐

Are there any arrangements with AP to see children Yes ☐ No ☐

Monitoring information

Marital Status

Married ☐ Widowed ☐
Separated ☐ Single ☐
Common-law ☐ Civil Partnership ☐
Divorced ☐

Ethnic Background

Mixed / Multiple Ethnic Groups:
White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

White British:
English, Welsh, Scottish ☐ Northern, Irish ☐ British ☐ Any other White background ☐

Asian British:
Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background ☐

Black British:
African ☐ Caribbean ☐ Any other Black background ____________________

Religion Belief

☐ Agnostic ☐ Atheist ☐ Baha'I ☐ Buddhist ☐ Christian ☐ Hindu ☐ Humanist ☐ Jain ☐ Jewish
☐ Muslim ☐ Sikh ☐ None ☐ Other ☐ Prefer not to say

Sexuality
☐ Bisexual ☐ Heterosexual ☐ Lesbian ☐ Other ☐ Prefer not to say

Gender Identity
☐ Female ☐ Male ☐ Transgender ☐ Other – please specify ☐ Prefer not to say

Disability
Hearing impairment ☐ Visual impairment ☐ Speech impairment ☐ Mobility impairment ☐
Physical co-ordination difficulties ☐ Reduced physical capacity ☐ Learning difficulties (e.g. dyslexic) ☐
Mental ill health ☐ Progressive conditions ☐ Other ☐ (please specify)

COMPLETED FORMS TO BE RETURNED TO: referrals@roshnibirmingham.org.uk