

Referral Form

Date of referral:

Is the client aware of and consented to, this referral? Yes No

| Referring Agency | |
|----------------------------------------------------------------------------------------|---------------|
| Referral Agency: | Telephone No: |
| Name of advisor: | Fax No: |
| Job Title/ Position: | E mail: |
| Address: | |
| How long has this woman been with your service? (referrer's relationship to client) | |
| Are you aware of any risks (either to self or staff) associated with this woman? | |

| Client Details | | | |
|----------------------------------------------------------|--------|---------------------------------|--------|
| First Name: | | Surname: | |
| D.O.B: | | Age: | |
| Home Tel: | | Is it safe to call | Yes/No |
| | | Is it safe to leave voicemails? | Yes/No |
| | | If no alternative safe number: | |
| Mobile number: (message first to say you are calling) | | Is it safe to call? | Yes/No |
| | | Safe to leave voicemails? | Yes/No |
| | | Safe to text? | Yes/No |
| Address: | | | |
| Postcode: | | Borough of residence: | |
| Is it safe to send letters: | Yes/No | | |

Ethnic Origin / Country of Origin:

Language Spoken

- Kurdish
- Arabic
- Turkish
- Farsi
- Dari
- Pashtu
- Other

Please specify: _____

Does client speak English?

Marital status?

- Married Single Divorced Separated

Are you pregnant? Yes No

Dependent (s): if any

| Child's Full name: | D.O.B: | M/F | Ethnicity |
|--------------------|--------|-----|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Perpetrator's Details (if Known)

Full name :

D.O.B:

Immigration status (if known)

Asylum seekers

Refugee

British Citizen

Spousal visa

Student visa

EEA national

Other Please Specify: _____

Does s/he have access to public funds?

NRPF Recourse

Any health problem? please state:

Are any services involved?

Details:

Reason for referral and support required

Where relevant please include details about the length of the relationship, when the violence began, how frequently it occurs, are there any other factors involved (e.g. mental health or substance misuse issues), are any agencies or family and friends aware of the violence, how does it make the Service User feel? Is there still contact with the perpetrator? If yes the nature of this- Safety Plan.

Service user additional information

Are you aware of any other risk issues? If so please provide details:

GP name and address:

Equalities Data (Please complete all)

| Ethnic Background | | | | |
|-----------------------------------|-----|-------------------|----|-------------------|
| Asian – Bangladeshi | | Black – British | | Middle Eastern |
| Asian – British | | Black – Caribbean | | Kurdish |
| Asian – Indian | | Black – Other | | Pushtun |
| Asian – Pakistani | | Chinese | | Arabs |
| Asian – Other | | Latin American | | Hazara |
| Black – African | | White – British | | Mixed Ethnicity |
| | | | | Prefer not to say |
| Disabled | | | | |
| Blind or Visual Impairment | | Mobility | | Prefer not to say |
| Learning Difficulty | | Other disability | | |
| Mental health | | Not disabled | | |
| Deaf | | | | |
| Deaf or Hearing Impairment | | | | Prefer not to say |
| Gender / Identity | | | | |
| Female | | Transgender | | Prefer not to say |
| Male | | Other | | |
| Sexual Orientation | | | | |
| Bisexual | | Lesbian | | |
| Gay Man | | Other | | |
| Heterosexual | | Prefer not to say | | |
| Religion/ Belief | | | | |
| Agnostic | | Humanist | | Sikh |
| Atheist | | Jain | | Zoroastrian |
| Baha'i | | Jewish | | None |
| Buddhist | | Muslim | | Other |
| Christian | | Rastafarian | | Prefer not to say |
| Hindu | | | | |
| Age Group | | | | |
| Under 16 | | 25-34 | | 65+ |
| 16-17 | | 35-44 | | Prefer not to say |
| 18-21 | | 45-54 | | |
| 22-24 | | 55-64 | | |
| Pregnancy or Maternity | | | | |
| Pregnancy/ maternity | Yes | | No | |
| Marriage/Civil Partnership | | | | |
| Marriage/Civil Partnership | Yes | | No | |