

## Nottinghamshire Women's Aid–Court IDVA Service

### Guidance Notes

Please give as much information as possible when completing the referral form as it enables Nottinghamshire Women's Aid to make informed decisions regarding any referrals made to the service. The remit of the IDVA service is short term crisis support for clients identified at high risk as identified on the DASH risk assessment, including workers own professional judgement. This referral form is to be used to refer high risk, non MARAC cases to the IDVA service. The client must consent to this referral and information sharing with Nottinghamshire Women's Aid.

**PLEASE PROVIDE A SIGNED COPY OF THE DASH RISK ASSESSMENT WITH THIS REFERRAL. IF THE DASH MEETS THE MARAC THRESHOLD A MARAC REFERRAL SHOULD BE COMPLETED AND FORWARDED ALONG WITH DASH TO BRENDA PEACOCK, BNS MARAC ADMINISTRATOR. REFRRALS FOR MARAC SHOULD NOT BE MADE DIRECT TO THE IDVA SERVICE.**

### Details of referrer

Wherever possible please involve your client in completing this referral form to ensure that areas are covered as fully as possible. If a woman has not been involved in the completion of the referral form, can you please indicate this, noting any reason for this.

### Details of woman requiring support

Please pay particular attention to contact details for the woman in order to help minimise risks to her safety. There may be particular days or times that it is unsafe to call her. Please indicate this on the form

If it is unsafe to correspond at her home address, please indicate if correspondence may be sent via your agency or to an alternative address.

### Children's details

Please indicate if children are subject to a Child Protection Plan or are defined as "in Need" and their social worker's details if known. Please give any additional information regarding children on the "Further Information" section of the form.

### Summary of background and risk issues

This section should provide an overview of the background and risk and details of any recent/high risk incidents. This is the starting point for IDVA contact and will give the worker an idea of what the client's current situation is and the safety measures that may be required. The IDVA will clarify the background and risk issues with the client once contact is made.

### Perpetrators details

Please give as much information as possible as this section will help to inform our lone working risk assessments.

### Issues which may impact on the domestic violence and additional info sections

Please use these sections to highlight key issues relating to the woman's individual experience of domestic abuse.

**Referrals can be sent to the IDVA service at Mansfield Police Station, faxed to 01636 657919 or emailed to [idvaservices.north@nottinghamshire.pnn.police.uk](mailto:idvaservices.north@nottinghamshire.pnn.police.uk) You can contact us by telephone Mon – Fri, 9am – 5pm by dialling 101, ext 8053606. Please ensure that any communication you send is secure and you inform the IDVA service before sending.**

# Nottinghamshire Women's Aid – Court IDVA Service

<b>Details of Referrer</b>			
Name		Position	
Agency and address		Contact number	
Date of referral: 23/12/2014			
Has the woman consented to this referral and information sharing with Nottinghamshire Women's Aid?			<b>YES/NO</b>
<b>Details of woman requiring support</b>			
Name		Current Address:	
D.O.B.		Postcode:	
Client Reference Number	(IDVA to complete this box)		
Safe contact number	07599 290832	Safe to correspond? <b>YES / NO</b>	
Any unsafe times to call?		If "NO" Please give a safe correspondence address <i>(This could be an agency address)</i>	
Safe to leave an answer message?	Yes		
Ethnic Origin: ___D12___	Religion: Catholic	Sexual Orientation:	
<b>A. White</b> <b>1</b> British, <b>2</b> Irish, <b>3</b> Other  <b>B. Mixed</b> <b>4</b> white/black Caribbean, <b>5</b> White/Black African, <b>6</b> White Asian, <b>7</b> Other  <b>C. Asian or Asian British</b> <b>8</b> Indian, <b>9</b> Pakistani, <b>10</b> Bangladeshi, <b>11</b> Other  <b>D. Black or Black British</b> <b>12</b> Caribbean, <b>13</b> African, <b>14</b> Other  <b>E. Chinese or other ethnic group</b> <b>15</b> Chinese, <b>16</b> other  <b>F. Traveller</b>  <b>G. Refused</b>	Marital Status:  Single	<input checked="" type="checkbox"/> Heterosexual/Straight <i>Only attracted to members of the opposite sex</i>  Lesbian <input type="checkbox"/> <i>Only attracted to other women</i>  Bi-sexual <input type="checkbox"/> <i>Attracted to both men and women</i>  Questioning <input type="checkbox"/> <i>Unsure about your sexual orientation</i>  Declined to answer <input type="checkbox"/>	
	<b>Gender:</b>  Female <input checked="" type="checkbox"/>		
	Is your birth gender different from your gender now?		
	No <input checked="" type="checkbox"/>		
	Yes <input type="checkbox"/>		
	Declined to answer <input type="checkbox"/>		

**Children's Details**

Child's Name	Gender	DOB	EO	Child at Risk or Child in Need?	Comments

**Details of any other agency providing support to the family (including other Notts Women's Aid Services)**

Agency	Contact details (if known)	Brief details of support offered

**Details of Upcoming Court Case/Legal Issues**

Date and time of next court hearing/solicitor's appointment

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Location of next court hearing/solicitor's appointment:

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Nature of court case/legal issue: (e.g. criminal, civil or family matters. If criminal, nature of offence)

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Is client required to attend next court hearing:

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Does client require special measures to attend court?

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Have special measures been arranged?

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Does client require a pre-trial visit? (criminal proceedings only)

Please detail below any other issues which may impact on the client's vulnerability or the level of support she may require (e.g, mental health issues, drug/alcohol issues, pregnancy, physical health issues/disability, cultural issues)

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**Perpetrator's details**

Name		D.O.B.	
Current Address /whereabouts:		Client's current relationship with perpetrator:	

Any current injunction (Restraining Order, Non Molestation Order, Occupation Order) or bail conditions in place? If yes, please give details.

Issues relating to risk from the perpetrator (e.g. drug/alcohol/mental health issues, recent incident of violence, use of weapons):

**Any additional information**

**Signatures and Consent**

Signature of worker completing this referral:

Date:

Signature of client (**I hereby give consent for my details and information regarding my case to be shared with agencies to assist them to support me and my family**):

Date:

If the referrer is not able to gain client signature but has been given verbal consent to make this referral and share information please sign below:

Sign:

Date:

**Please note that without a client signature or a referrer signature confirming consent this referral cannot be accepted.**