Referral Form

Date of referral:

Please indicate which service you'd like to refer to:	
Please enter your name and contact details:	
Referrer's name	
Organisation name	
Contact number	
Contact email	

Please indicate your agency type:	
Professional referral:	
Another DV service (generic) ☐	Health ☐
Another DV service (specialist) ☐	Helpline ☐
Adult social services ☐	Probation ☐
Children's services ☐	Police ☐
Drugs/ alcohol ☐	Voluntary/ community group ☐
Education ☐	Other ☐
How did you find out about our service?	Flyer/ poster ☐
	TV/ Radio ☐
	Online ☐
	Word of mouth ☐
	Made a referral before ☐
	Used the service before ☐
	NDVH ☐
	Another service ☐
	Other ☐
Please enter the name and DOB of the person you're referring:	
First name	
Last name	
Other/ previous names	
Date of birth	
Reason for referral	
Please tell us the reason you're making a referral today, and how you feel the client could benefit from our support.	

Client referred for support around (tick all that apply)	
Coercive control ☐	Sexual exploitation ☐
Physical abuse ☐	Trafficking ☐
Sexual abuse ☐	FGM ☐
Emotional/psychological abuse ☐	HBV ☐
Financial abuse ☐	Forced Marriage ☐
Harassment/ stalking ☐	Other ☐

How many children does the client have?	
Please provide children's names and DOB if known:	
Name	DOB
Are social services involved? Please give details	
Name of social worker (if relevant):	

Information about the person being referred			
Contact type	*Details*	*Safe to contact?*	*Safe contact notes:*
Telephone		Yes ☐ No ☐	
Email		Yes ☐ No ☐	
Address		Yes ☐ No ☐	

Borough where currently resident	
Is the client living with the perpetrator/s?	
Is the client currently refuge accommodation?	

If the client is under 18, has parent/ carer consent been sought for the referral?	Yes ☐ No, not sought ☐ No, not safe to seek ☐
Has the client used our service before?	Yes ☐ No ☐ Not sure ☐
Is the client currently pregnant?	Yes ☐ No ☐ Not sure ☐ If yes, due date:
Primary language	

Other languages spoken	
How would they describe their gender?	Female ☐ Male ☐ In another way:_____
Is the client's gender different to the gender they were assigned at birth? (Are they transgender?)	Yes ☐ No ☐ Don't know ☐

Client's ethnicity

White British ☐	Asian Bangladeshi ☐	Black British ☐
White Irish ☐	Any other Asian background ☐	Black African ☐
White Gypsy or Irish Traveller ☐		Black Caribbean ☐
Any other White background ☐	White and Black Caribbean ☐	Any other Black background ☐
	White and Black African ☐	
	White and Asian ☐	Chinese ☐
Asian British ☐	Any other mixed/ multiple background ☐	Arab ☐
Asian Indian ☐		Any other ethnic group ☐
Asian Pakistani ☐		Don't know ☐

Does the client have a faith/ religion?

No religion ☐	Hindu ☐	Shinto ☐
Bahai ☐	Jewish ☐	Sikh ☐
Buddhist ☐	Jain ☐	Zoroastrian ☐
Christian ☐	Muslim ☐	Any other religion ☐
		Don't know ☐

What is their nationality?	Please specify:_____ Don't know ☐	
What is their relationship status? (tick one option)	Civil partnership ☐ Married ☐ Divorced ☐ Separated ☐ Cohabiting but not married ☐	In a relationship (not cohabiting) ☐ Widowed ☐ Single ☐ Don't know ☐
How would they describe their sexual orientation? (tick one option)	Heterosexual/ straight ☐ Gay woman/ Lesbian ☐ Gay man ☐	Bisexual ☐ Don't know ☐ In another way: _____

Disability

Any disability?	Physical ☐ Learning ☐ Deaf/ hard of hearing ☐ Blind/ visually impaired ☐ Other ☐

Notes:

Please tell us more about any support needs the client may have:		
		Comments
Does the client have recourse to public funds?	Yes ☐ No ☐ Not sure ☐	
Support needs around alcohol?	Yes ☐ No ☐ Not sure ☐	
Support needs around drugs?	Yes ☐ No ☐ Not sure ☐	
Support needs around mental health?	Yes ☐ No ☐ Not sure ☐	
BSL/ interpreter required?	All of the time ☐ Some of the time ☐ No ☐ Not sure ☐	
Does the client have any accessibility requirements?	Yes ☐ No ☐ Not sure ☐	
Does the client have any previous convictions?	Yes ☐ No ☐ Not sure ☐	
If you have any other important/ useful information about this woman's support needs, please provide additional details below:		
Are there any known risks to working with this client?		
Information about the perpetrator, if known:		
Name		
Relationship to survivor		
Address		
DOB		

Please provide information for client's next of kin/ someone we can contact in an emergency	
Name	
Relationship	
Contact info	
Safe contact notes	

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Referral outcome	
Referral accepted?	Yes ☐ No ☐
Allocated to:	
Please complete if the referral was rejected	
Reason for rejection	Unable to contact client ☐ Client does not want support ☐ No space/ capacity to support ☐ Ineligible for support (age) ☐ Ineligible for support (borough) ☐ Ineligible for support (service description) ☐ Unable to meet support needs around language ☐ Unable to meet support needs around large family ☐ Unable to meet support needs around mental health ☐ Unable to meet support needs around disability ☐ Unable to meet support needs around NRPF ☐ Unable to meet support needs around drug and alcohol ☐ Previous convictions for violent/sexual offences/ arson ☐ Other ☐
Referred onwards to	Another refuge ☐ Another specialist VAWG service ☐ NDVH ☐ Non-VAWG organisation/ service ☐ Other ☐