

Staff Name:					
Date:		Form completed by: Stop Domestic Abuse <input type="checkbox"/> Other Agency: <input type="checkbox"/>			
Service Requested	<input type="checkbox"/> Refuge	<input type="checkbox"/> Adult One to One Support	<input type="checkbox"/> Target Hardening	<input type="checkbox"/> Children and Young People (CYP)	<input type="checkbox"/> Group Work
Referrer Details					
Name:			Phone Number:		
Email:					
Client Details					
Title		Full Name		Alias	
Date of Birth		Age			
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> Gender Queer <input type="checkbox"/> Non Binary <input type="checkbox"/> Client doesn't identify as any of the above, please specify gender:				
Sexuality	Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Client doesn't identify as any of the above, please specify sexuality:				
Parent/Guardian Name for CYP			Parent/Guardian contact numbers:		
Child/Young Person Contact Number:					
Child/Young Person School / College details					
Safe contact number:				Safe to Leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alternative number:				Safe to send a text? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe time to call / will someone else answer this phone?					
Email Address:					

Is client only person with access?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
NI Number:		

Current Accommodation		
Address:		
		Post Code:
Type of Tenure		
Address fled from (if different from above):		
		Post Code:

Alleged Perpetrator Information		
Full Name:	Date of Birth:	Address:
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>	
Bail Conditions:	Civil Orders:	Criminal Orders:
Occupation:	Does the Alleged Perpetrator remain in, or have access to the home? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Car Details (Registration No, Colour, Make Model etc)

Alleged Perpetrator's Additional Needs:		
Mental Health <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Dual Diagnosis <input type="checkbox"/>
Physical Health <input type="checkbox"/>	Alcohol Misuse <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>

Alleged Perpetrator's Relationship to Victim:		
Partner <input type="checkbox"/>	Ex-Partner <input type="checkbox"/>	Parent/Step Parent <input type="checkbox"/>
Adult Son/Daughter <input type="checkbox"/>	Son/Daughter Under 16 <input type="checkbox"/>	Other Family Member <input type="checkbox"/>

Has a referral been made to the Perpetrator Service?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of Family Members In The Household							
First Name	Surname	Gender	Relationship	Date of Birth	Age		
Details of Other People in the Household							
First Name	Surname	Gender	Relationship	Date of Birth	Age		
Are they pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>			Estimated due date?				
Health Needs/Medication							
Any Mental Health support needs?		Yes <input type="checkbox"/> No <input type="checkbox"/>			Are they on any Medication?		
Any Physical Health support needs?		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Disabilities							
Do they have any disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are they registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Further information for Mental Health / Disability Support Needs:							
Does the client have any history of the following:							
Alcohol Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>			Sexual Offences	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>			Criminal Offences	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Aggression	Yes <input type="checkbox"/> No <input type="checkbox"/>			Stalking	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Arson	Yes <input type="checkbox"/> No <input type="checkbox"/>			Breaches of order or bail	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Self Harm	Yes <input type="checkbox"/> No <input type="checkbox"/>						

If yes to any of above, give details:

Cultural / Religious Needs

Any cultural or faith needs that they require support with? Yes No

If yes give details:

Does the client require an interpreter? Yes No

If yes what language?

Ethnic Group* (please tick)

White		Mixed / Multiple Ethnic Background		Asian or Asian British		Black / African / Caribbean / Black British		Other ethnic group:	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gypsy or Irish Traveler	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black / African / Caribbean / Black British	<input type="checkbox"/>	Don't Know	<input checked="" type="checkbox"/>
Eastern European	<input type="checkbox"/>	Any other Mixed / Multiple Ethnic Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>			Not Asked	<input type="checkbox"/>
Any other White Back ground	<input type="checkbox"/>			Any other Asian Background	<input type="checkbox"/>			Declined	<input type="checkbox"/>

Details of Ethnicity Other:

*This is to demonstrate we offer an inclusive service. Information will be used for monitoring purposes only.

Domestic Abuse

Are they leaving because of Domestic Abuse? Yes No

Type of Abuse(please mark if relevant):	Physical <input type="checkbox"/>	Emotional <input type="checkbox"/>	Financial <input type="checkbox"/>	Sexual <input type="checkbox"/>
	Psychological <input type="checkbox"/>	HBV <input type="checkbox"/>	FGM <input type="checkbox"/>	Coercive Control <input type="checkbox"/>

Reason for referral – Please give brief summary

Have the authorities been involved?

Police: Yes No

Social Care: Yes No

Allocated Social Worker?

Name:

Phone Number:

Email:

Adult Services Children's Services

Are Children on the Child Protection Plan/CIN?

Yes No

DASH Completed? Yes No

Date Completed:

Score

Concerns

Please list any concerns from Stop Domestic Abuse or Referring Agency

Risks

Are there any risks associated with this referral?

Yes No

Does a Risk Assessment need to be completed prior to admittance?

Yes No

If yes has a risk assessment been completed?

Yes No

Data Protection

By submitting this referral form to Stop Domestic Abuse Service, you agree to our processing your personal information in order to assess, manage and develop any services we provide for you and sharing this information with our sub-contractor, Andover Crisis and Support Centre, if you require services delivered in Test Valley District. If you are offered a place at one of our refuges or safe house we may need to pass your information to the relevant landlord – although we only do this on the understanding they keep the information confidential. If you require Target Hardening services in Basingstoke and Deane, Eastleigh, New Forest, Test Valley or Winchester Districts we will pass your details to The You Trust who provide this service.

With your permission we will pass on information about you, including your contact details, to other organisations that are running services of use to you. We will only pass your information on without your permission if we have concerns for a child or vulnerable adult or we are compelled by law. We will never pass your contact details on to salespeople, or to private organisations.

As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 2018 to see and if necessary, correct personal data we hold about you. Please contact us if you would like to see the information held on you, or if you do not wish to be contacted by us in the future.

On receiving this referral we will attempt to contact you to discuss support options and will explain our full privacy notice. If you have any questions about how we will use your information please talk to one of our staff.

Has verbal agreement for this referral been obtained from the client? Yes No

I confirm I have read the data protection statement above and all information given is true and correct to the best of my knowledge.

Signature: _____

For referrals for Hampshire (except Portsmouth and Southampton) please send completed forms to
advice@stopdomesticabuse.uk

or

advice.hampshire@stopdomesticabuse.cjsm.net (secure)