**Shropshire Domestic Abuse Service Referral Form**



**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**How to submit this referral:**

Email to [sdas@shropsdas.org.uk](mailto:sdas@shropsdas.org.uk) or [refuge@connexus-group.co.uk](mailto:refuge@connexus-group.co.uk) ensuring the document is encrypted or password protected.

**Eligibility criteria for this service:**

*Please be sure to check that the client meets the following criteria before making the referral:*

* For Safe Accommodation in Shropshire:

Is a person aged 16 or above who has been a direct victim of domestic abuse either now or at some point in the past, and is requiring immediate safe accommodation.

* For Outreach:

Is a victim aged 16 or above who has been a direct victim of domestic abuse either now or at some point in the past, and is requiring emotional and practical advice and guidance. They must live in the Shropshire or Telford and Wrekin area to access this service.

* Shropshire Groups

Is a victim aged 16 or above who has been a direct victim of domestic abuse either now or at some point in the past, and would benefit from attendance on a Group.

**Accompanying documents:**

Please attach the following documents to this referral, if completed:

DASH RIC / Child Protection Plan / Child in Need Plan / Early Help Information.

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact us on 0300 303 1191

|  |  |
| --- | --- |
| 1. **Information about the person making the referral** | |
|  | |
| Date of referral: |  |
| **Please indicate which service you’d like to refer to:** | |
| Accommodation – Shropshire |  |
| Outreach Support - Shropshire |  |
| Outreach Support – Telford & Wrekin |  |
| Shropshire Groups |  |
| Soteria Project |  |
| **Please enter your name and contact details:** | |
| Referrer’s name |  |
| Organisation name |  |
| Role/job title |  |
| Contact number |  |
| Contact email |  |

1. **Client contact info**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact information** | | | | |
| First name | | |  | |
| Last name | | |  | |
| Other names | | |  | |
| What do they like to be called? | | |  | |
| DOB | | |  | |
| NI Number (if known) | | |  | |
| **Addresses** | | | | |
| Current address | | |  | |
| Current Borough | | |  | |
| Borough Survivor fled from (if different) | | |  | |
| Does the perpetrator live at this address? | | | Yes  No  Don’t Know | |
| Safe contact notes (post) | | |  | |
| **Contact info** | | | | |
| *Details Safe to contact?* | | | | |
| Phone Number | |  | | Text /phone / VM  ☐ Phone Only |
| Email Address | |  | | ☐ Email |
| Safe contact notes (phone & email) | |  | | |
| Preferred Contact Method | | ☐ Any ☐ Phone ☐ Text ☐ Email ☐ Post | | |
| **Professionals** | | | | |
| Are there any other professionals involved?  (Please give details) |  | | | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know |
| Do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| How would they describe their ethnicity? | |
| **White:**  British  Eastern European ☐  Gypsy or Irish Traveller  Irish  Scottish ☐  Any other White background  **Asian / Asian British:**  Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Black / African/ Caribbean / Black British:**  Caribbean  African  Any other Black / African / Caribbean background  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mixed / multiple ethnic background:**  White and Black African  White and Black Caribbean  White and Asian  Any other mixed / multiple background  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other ethnic group:**  Arab ☐  Other ethnic group (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Do they have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Any Other Religion:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is their relationship status?  (tick one option) | Civil partnership (CP)  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single  Something Else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know☐ |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Queer ☐  Asexual ☐  Bisexual  Pansexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Are they pregnant? | Yes  No  Don’t know |

1. **Client support needs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please tell us more about any support needs the client may have:*** | | | | | |
| Mental Health  Physical Health | | | Alcohol  Drugs ☐  Offending | | |
| **Additional details:** | | | | | |
|  | | | | | |
| What is this client’s nationality? | | |  | | |
| *(If not British National)* What is their immigration status? | | |  | | |
| *(If not a British National)* Do they have recourse to Public Funds? | | | Yes  No  Don’t know | | |
| **Accessibility requirements** | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes  No  Don’t Know | | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes  No  Don’t Know | | *If yes, please provide details:* |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** | | |
| Name | | DOB |
|  | |  |
| Are Child Services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Gender of AP | *Male ☐ Female ☐ Don’t know ☐*  *Another gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Relationship to survivor |  |
| Address |  |
| Current Borough |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?** |
|  |

Thanks for taking the time to complete this referral.

To submit your completed document, please [sdas@shropsdas.org.uk](mailto:sdas@shropsdas.org.uk)

Before you send the referral, please check that your referral meets the criteria set out on the first page of this documents, and that any relevant additional documents are attached.

(for example the DASH RIC / Child Protection Plan / Child in Need Plan / Early Help Information)

If you have any queries, please contact 0300 303 1191

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| ***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  Already active in service ☐  Ineligible for support (age)  Ineligible for support (borough)  Ineligible for support (not service description)  Ineligible for support (service description) ☐  Identified as unsafe to work with  Identified as perpetrator  Needs better met elsewhere (already supported by DV agency) ☐  Needs better met elsewhere (referred to a partner agency) ☐  Unable to meet support needs around drugs and alcohol  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 NRPF  Previous convictions for violent/sexual offences/ arson  Other |
| Referred/ signposted on to: | Another refuge  Another specialist VAWG service  National Domestic Violence Helpline (NDVH)  Non-VAWG organisation/ service  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |