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| **Barking and Dagenham Domestic and Sexual Violence Service**  **EXTERNAL REFERRAL FORM**  Please complete as fully as possible |

**Date of referral \_\_\_\_\_\_\_\_\_**

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| **NAME OF** **REFERRING AGENCY** |  | | |
| **REFERRER’S NAME** |  | **CONTACT NUMBER** |  |
| **REFERRER’S EMAIL ADDRESS** |  | | |
| **HAS THE PERSON YOU ARE REFERRING CONSENTED TO BEING CONTACT BY US?**  (Please note we can only contact clients with their permission. If you feel this case is high risk please refer to MARAC)  **Yes / No** | | | |

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| **NAME OF CLIENT** |  | | | | **MARITAL STATUS** |  | | **DOB/**  **AGE** |  | |
| **CONTACT NUMBER(S)** |  | | **SAFE CONTACT ARRANGEMENTS** | | | (Safe to leave voicemail at this number? Agreed code word/strategy for contact?) | | | | |
| **ADDRESS** |  | | | | | | | | | |
| **DANGEROUS AREAS** |  | | | | | | | | | |
| **ETHNICITY** |  | | | | | | | | | |
| **IMMIGRATION STATUS** | (British citizen? Over-stayer? On a visa? EU member? ILTR etc.) | | | | | | | | | |
| **MAIN LANGUAGES SPOKEN** |  | | | | | | | | | |
| **INTERPRETER REQUIRED?** | (Please specify which language) | | | | | | | | | |
| **RELIGION?** (if any) |  | | | | | | | | | |
| **SEXUAL ORIENTATION?** |  | | | | | | | | | |
| **DISABILITY OR HEALTH NEEDS?** |  | | | | | | | | | |
| **SUPPORT FROM OTHER AGENCIES?** | (Please provide details) | | | | | | | | | |
| **CHILDREN/ DEPENDENTS NAMES** | **D.O.B / AGE**  **\*Include pregnancy and due date when appropriate** | **M/F** | | **WHERE DO THE CHILDREN CURRENTLY LIVE** | | | **RELATIONSHIP TO PERPETRATOR?** | | |  |
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| **Is there current involvement with adult or children Social services?**  **Contact details of Social Worker:** |

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| **GP Details** | **(Name of GP and surgery details)** |

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| **Housing Status**  Type of tenancy  Name of Landlord and contact details | Joint tenancy  Sole tenancy  Perpetrator’s name only  Other (please specify)  **(Please specify if Local authority, Housing Association, private rented, home owner etc.)** |

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| **Income**  Working F/T or P/T?  Welfare Benefits?  Name of benefit | How much? | Paid to whom? |

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| **Existing Court Orders?** *Please state: Non Molestation Orders, Injunctions, Contact, Residency or Occupation Orders****.*** |

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| **Alleged Perpetrator Details**  Name:  Address: (if known)  Relationship to referee:  D.O.B: | (Please state if alleged perpetrator is spouse, ex-partner, family member etc.) |

Please provide reasons for this referral (including details of the most recent incident) and also what kind of support is required

Is there any police involvement? (Please provide details of Officer in the Case and Crime reference numbers if known)

**Referral Criteria**

We can support anyone living and working in Barking and Dagenham who have experienced or who may be at risk of experiencing domestic and/or sexual abuse.

**How to make a referral**

The service accepts self and agency referrals.

Referral forms are to be completed by the referring agency. We will follow this up with the client – either on the telephone or face-to-face, according to their preferences, in order to offer support.

**Inappropriate Referrals** will be referred /sign posted onto appropriate service and update you.

If you have any queries about the referral process or would like further information about the service, please do telephone the office number below.

**Please e-mail completed form to:**

**CJSM Secure:** [**bd.advocacy@refuge.cjsm.net**](mailto:bd.advocacy@refuge.cjsm.net)

**Egress Secure:** [**BDAdvocacy@refuge.org.uk**](mailto:BDAdvocacy@refuge.org.uk)

**General enquiries:** [**BDAdvocacy@refuge.org.uk**](mailto:BDAdvocacy@refuge.org.uk)

**To discuss a referral, please contact 0300 456 0174.**