

Refuge Referral Form

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.

Referring Agency Details

Referring Agency		Date	
Referrers name		Tel. No	
Email Address			
Has the person you are referring consented to being contacted 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			

Victim Details

Name		D.O.B.	
Current Address (Including Postcode)			
Housing status		Any connections to the area	Yes / No
Rough sleeper	Yes / No		
Marital Status		Tel. No:	Safe ?
Email Address			Safe?
Gender		Ethnicity	
Religion		First language	
Is Interpreter required	Yes / No	Do they have recourse to public funds	Yes / No
Immigration Status		Forced Marriage	
Female Genital Mutilation		Honour Based Violence	
Unable to stay with male children 13 – 18		Other religious reason	
Employment Status		Income	
Education		Disabilities	
Accessibility requirements		Pregnant	
Self harm		Any suicide attempts – date of last attempt	
Substance misuse		Any convictions – Please list	
Sex worker		Care leaver	
Service Personnel or Armed forces			

Next of Kin name		Phone number	
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Perpetrator

Name		D.O.B	
Current Address			
Any connections to the area	Yes / No		
Are the Victim and Perpetrator currently in a relationship? Y / N			
Substance misuse			
Disabilities			
Any convictions or restrictions please list			

Children

Name	DOB	Address	Relationship to victim
Relationship to perpetrator	Parental responsibility	School	Gender
Any Disabilities	Any issues	Court orders	Social care involvement.

Name	DOB	Address	Relationship to victim
Relationship to perpetrator	Parental responsibility	School	Gender
Any Disabilities	Any issues	Court orders	Social care involvement.

Name	DOB	Address	Relationship to victim
Relationship to perpetrator	Parental responsibility	School	Gender
Any Disabilities	Any issues	Court orders	Social care involvement.
Name	DOB	Address	Relationship to victim
Relationship to Perpetrator	Parental responsibility	School	Gender
Any disabilities	Any issues	Court orders	Social care involvement
Any children who don't live with you.			

Please provide brief details about the types of Domestic Abuse experienced e.g. physical, emotional, sexual, financial etc.

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A completed Risk Assessment is attached ☐ yes ☐ no

Are there any known risks working with this client Yes / No

Has the client ever been in refuge before, if yes where and when? Reason for leaving

Other Agencies Involved

Name		Organisation		Tel/Email	
Name		Organisation		Tel/Email	
Name		Organisation		Tel/Email	

Are you interested in being signposted to other agencies who can offer you support Yes / No	
Support with employment	Support with benefits
Support with managing money	Support to access training or education
Support filling in forms	Support with court
Support with life skills eg cooking	Do you require any legal advice