166 Knowsley Road, Bootle, Merseyside - 0151 394 1400

 Return by secure email: Egress – evahouse@swaca.com

 Return directly by unsecure email to – evahouse@swaca.com

**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 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? Yes / No(Please note we can only contact clients with their permission) Has case been referred to local MARAC for most recent incident? Yes / No(please note if you feel this case is high risk, please refer into MARAC) |

**Victim Details -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |  | D.O.B: |  |  |
| Current Address *(Including Postcode):*  |  |
|  |
| Preferred method of contact including days/ times etc: |  | 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:  | Yes / No |
| Female Genital Mutilation:  | Yes / No |  | Honour Based Violence: | Yes / No |
| Does the client have male children 17+?  | Yes / No | Marital Status: |  |
| Employment Status: |  | Income:  |  |
| Housing Status: e.g, private tenant homeowner etc |  | Disabilities:Please provide details in “other information” section below | Yes / No |
| Accessibility requirements:  |  | Pregnant:(if yes EDD) | Yes / No |
| Self-harm: | Yes / No | Any suicide attempts / ideations – date of last attempt: | Yes / No |
| Substance misuse: | Yes / No | Any convictions: Please provide details in “other information” section below | Yes / No |
| Sex worker: | Yes / No | Care Experienced: | Yes / No |
| Service Personnel or Armed forces  | Yes / No |  |

**Next of Kin Details -**

|  |  |  |  |
| --- | --- | --- | --- |
| Next of Kin Name: |  | Tel Number: |  |

**Perpetrator -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |  |  | D.O.B: |  |
| Current Address:  |  |
| Any connections to Sefton area:  | Yes / No  |
| Any connections to One Vison Housing / Sovini e.g. Employment | Yes / No |
| Are the Victim and Perpetrator currently in a relationship?  | Yes / No |
| Substance misuse: |  |
| Disabilities/ Mental health diagnosis? please list: |  |
| Any convictions or restrictions please list:  |  |

**Children -**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | DOB: | Address: | Relationship to victim: |
|  |  |  |  |
| Relationship to perpetrator:  | Parental Responsibility:  | School: | Gender: |
|  |  |  |  |
| Any Disabilities / Support needs: | Child to be accommodated? | Court Orders: | Social Care Involvement: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | DOB: | Address: | Relationship to victim: |
|  |  |  |  |
| Relationship to perpetrator:  | Parental Responsibility:  | School: | Gender: |
|  |  |  |  |
| Any Disabilities / Support needs: | Child to be accommodated? | Court Orders: | Social Care Involvement: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | DOB: | Address: | Relationship to victim: |
|  |  |  |  |
| Relationship to perpetrator:  | Parental Responsibility:  | School: | Gender: |
|  |  |  |  |
| Any Disabilities / Support needs: | Child to be accommodated? | Court Orders: | Social Care Involvement: |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | DOB: | Address: | Relationship to victim: |
|  |  |  |  |
| Relationship to perpetrator:  | Parental Responsibility:  | School: | Gender: |
|  |  |  |  |
| Any Disabilities / support needs: | Child to be accommodated?  | Court Orders: | Social Care Involvement: |
|  |  |  |  |

**Please provide details about the current circumstances and reason for assessment including types of Domestic Abuse experienced e.g. physical, emotional, sexual, financial etc.**

|  |
| --- |
|  |

**A completed Risk Assessment / DASH attached? Yes** [ ]  **No** [ ]

|  |
| --- |
| **Are there any known risks when working / supporting this client?**  |

|  |
| --- |
| **Has the client ever been in refuge before, if yes where, when and reasons for leaving?** |

|  |
| --- |
| **Other information:** e.g. disability/ accessibility information/ conviction information/ current safety measures etc  |

**Other Agencies Involved?**

|  |  |  |
| --- | --- | --- |
| Name: | Organisation: | Tel / Email: |
|  |  |  |
| Name:  | Organisation:  | Tel / Email: |
|  |  |  |
| Name: | Organisation: | Tel / Email: |
|  |  |  |