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| **Leicester, Leicestershire & Rutland****Domestic Abuse Referral Form** |

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| Date of Referral :  | OASIS Reference Number : (Office Use Only) |
| Referrer:  | Organisation :  |
| Position:  | Telephone No:  |
| Email Address:  |
| **Office Use Only - Nature of Support Required** |
| IDVA [ ] (Please include a copy of the CAADA DASH Risk Assess) | ISVA [ ]  | Engagement & Recovery [ ]   | Safe Home / Refuge Referral [ ]  |
| **Area:** | Blaby [ ]  | Charnwood [ ]  | Hinckley & Bosworth [ ]  | Melton [ ]  |
|  Leicester City [ ]  | Harborough [ ]   | NWL [ ]   | Oadby & Wigston [ ]  | Rutland [ ]  |

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|  **Primary Victim Details** |
| Forename(s): Surname: Date of Birth: Age:  | Telephone : Mobile : Email:  |
| Address:  Post Code:  | **Safe Contact Methods** |
| **NOT Safe** [ ]  | Call Safe [ ]   | Other: |
| Address Safe [ ]  | Text Safe [ ]  | Click here to enter text. |
| Phone Safe [ ]  | Email Safe [ ]  |
| Alt Safe Contact:  | Alt Safe Contact No: Click here to enter text. |
| Gender:  | Sexual Orientation:  | Transgender :  |
| Ethnic Origin:  | Nationality:  |
| First Language:  | Is an Interpreter Required: Yes [ ]  No [ ]  |
| Religion:  | Partnership Status:  |
| Economic Status:  | Current Tenure:  |
| NI Number:  | Recourse to Public Funds: Yes [ ]  No [ ]  DK [ ]  |

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| **Disabilities** | **Vulnerabilities / Complex Needs**(In the past year has the client had any problems with any of the following?) |
| Long Term Illness or Condition [ ]   | Physical [ ]   | Alcohol [ ]   | Drugs [ ]  | Mental Health [ ]   | Self Harm [ ]   |
| Hearing [ ]  | Learning [ ]  | Victim or Risk of FGM [ ]  | Forced Marriage [ ]  | Homelessness [ ]  | Criminal Offences [ ]  |
| Visual [ ]  | None [ ]  | Sexual Exploitation [ ]  | Rape or Sexual Assault [ ]  | Struggle with Social Skills [ ]  | Schedule 1 [ ] Offender (At any time) |
| Other Issues / Vulnerabilties:  |

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| **Perpetrator Information** |
| Forename: Surname: Date of Birth: Age:  | Address:  Postcode:  |
| Gender:  | Sexual Orientation:  | Transgender : Yes [ ]  No [ ]  |
| Relationship to Victim:  | Relationship Status:  |
| Ethnicity:  | Immigration Status:  |
| Employment Status:  | Place of Work:  |
| How Long Together with Victim:  | Perpetrating For How Long:  |
| Father of Children (FOC): Yes [ ]  No [ ]  Other [ ]  | FOC Other Details:  |
| **Perpetrator Profile / Issues** |
| Alcohol [ ]  | Drugs [ ]  | Disabilities [ ]  | Literacy / Numeracy [ ]  | Mental Health [ ]   | Self Harm [ ]   |
| History of Violence [ ]  | History of Sex Offences [ ]  | Known Gang Member [ ]  | Prescribed Drugs [ ]  | Homelessness [ ]  | Financial Issues [ ]  |
| DV Related Convictions [ ]   | Other Violence Convictions [ ]  | Non Violent Convictions [ ]  | Schedule 1 Offender [ ]  | None [ ]  | Not Known [ ]   |
| Other Issues / Vulnerabilties:  |
| Known Risk Factors:  |
| Warning Markers: (for example weapons, gun licence, violence) |
| Crime Notes / Orders in Place:  |

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| **Child/ren’s Details** |
| First Name | Surname | Date of Birth | Age | Gender | Ethnicity |
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| Children’s Address:(If different from victim) |
| Care Status: Child/ren Adopted: NoCurrent Agency Involvement: S17(CIN) [ ]  S47(CP) [ ]  S31 (Care or SO) [ ]  Other:…………………………  |

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| Is the Victim/Client Pregnant? No E.D.D: Lone parent: yes  |
| Any other people/family members living in household:   |

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| **Children’s Issues:**Regarding the Domestic Abuse what have the children heard/seen or experienced:Witnessed: Physical Verbal Emotional Sexual FinancialxxxxActual: Physical Verbal Emotional Sexual FinancialHas the child/ren ever suffered any injuries? Was the parent/carer able to access medical attention for the injuries? Was the parent/carer assaulted whilst pregnant?  |
| **Family Vulnerabilities / Complex Needs** |
| Child/ren not in / attending school [ ]  | Family Member has ASB intervention or [ ] Criminal Offence  | Worklessness / at Risk of Financial [ ] Exclusion  | Family with Health Problems [ ]  | Any Child in Need of Help [ ]  |
| **Other Agency Involvement** |
| Agency:  | Contact:  | Tel No:  |
| Nature of involvement |
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| Agency: | Contact: | Tel No: |
| Nature of involvement |
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| **Case Information and History** |
| Date of last incident: | Was this reported to police: Yes / No | \* Incident No: |
| Background Information:*(Please tell us about the reason for referral, abuse experienced etc.)* |
| **What are the victim’s priority areas of support?**  |
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| **SafeLives DASH Risk Assessment Undertaken:**  |
| Completed By: | Risk Level: | Date: |
| **Referrals are accepted with consent unless safeguarding risk overrides consent; please ensure you are compliant with your agency’s sharing without consent procedures. Please sign below to confirm consent has been obtained or the decision to share information without consent has been made:****Referrer:** **Signature:** **Date:** |

**Please return this form to**:

Freeva Ltd, PO Box 7675, Leicester. LE1 6XY

Secure Email: secure.referral@freeva.cjsm.net

Email: referrals@freeva.org.uk

Enquiries: 0808 802 00028

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 **Continuation Sheet - Referral Form**

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| **Details of Referral** |
| **Contact:** | **Agency:** | **Self Referral:** |
| **Form Completed By:** |  |
| **Primary Victim’s Name:** | **OASIS No:** |

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| **Additional Information:** |

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Enquiries: 0808 802 0028