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**South West Surrey DA Outreach**

**SW SURREY 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:**

If you have a CJSM account, please send via CJSM to: [sws.idva@chapter1.cjsm.net](mailto:sws.idva@chapter1.cjsm.net)

**or**

If you have an Egress account, please send via Egress to: [swr@swsda.org.uk](mailto:swr@swsda.org.uk)

If you have neither a CJSM or Egress account, please password protect the word document and send to: [swr@swsda.org.uk](mailto:swr@swsda.org.uk)

**How to get in touch:**

If you have any questions about our service, or how to make a referral, please contact:

**SWS Domestic Abuse Service**

**Tel: 01483 898884**

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: | |  |
| **Please indicate which service you’d like to refer to:** | | |
|  | | |
| **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 Local Authority | | |  | | | | |
| Local Authority of origin (if different) | | |  | | | | |
| Does the perpetrator live at this address? | | | Yes  No  Don’t Know | | | | |
| Safe contact notes: | | |  | | | | |
| **Contact info** | | | | | | | |
| *Details Safe to contact?* | | | | | | | |
| Phone | |  | | | |  | |
| Email | |  | | | |  | |
| Safe contact notes | |  | | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | | | |
| Name | |  | | | Relationship | |  |
| Contact information | |  | | | | | |
| Safe contact notes | |  | | | | | |
| **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. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know  Prefer not to say |
| 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  Prefer not to say |
| How would they describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know  Prefer not to say |
| Do they have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know  Prefer not to say |
| What is their relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say  Don’t Know |
| Are they pregnant? | Yes  No  Don’t Know  Prefer not to say |

1. **Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending  Prefer not to say |
| **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 access to Public Funds? | Yes  No  Don’t know |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** | | |
| Name | | DOB |
|  | |  |
| Are social 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 |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Types of Abuse (if known):**

|  |  |
| --- | --- |
| **Psychological/ Emotional** | **Physical** |
| **Financial** | **Verbal** |
| **Threats** | **Harassment** |
| **Coercive Control** | **Stalking** |
| **Sexual** | **HBV** |
| **Racial** | **Other** |

1. **RISK ASSESSMENT:**

**HIGH**

**MEDIUM**

**STANDARD**

**Please attach copy of risk assessment with referral form.**

1. **Reason for referral**

|  |
| --- |
| **BRIEF DESCRIPTION OF CONCERNS OF REFERRER (to include date of last incident), HOW COULD THIS CLIENT BENEFIT FROM OUR SUPPORTAND REASONS FOR REFERRAL:** |
|  |
| **Are there any known risks to working with this client?** |
|  |

1. **Client’s Authorisation:**

|  |
| --- |
| **I authorise this referral to South West Surrey Domestic Abuse Service**  **Signed : Date :**  **OR Telephone consent Yes/No Date :** |

|  |
| --- |
| **Privacy Information – Consent to hold personal data** |
| Please inform the person you are referring that they will be subject to our confidentiality conditions:  South West Surrey Domestic Abuse Outreach Service is committed to protecting our clients’ personal data and to ensure that it is treated in a confidential and sensitive manner. We adhere to the General Data Protection Regulation (25th May 2018) that set out rights with regards to personal information.  During engagement with our service we will record relevant and necessary personal and sensitive information (such as contact details, notes of meetings, risks assessment, support plan etc). This data will be stored in a secure environment (either electronically and/or in paper files).  Under normal circumstances we will securely retain these records for a period of 6 years after the end of engagement with us. Clients may request that we retain this information for longer than 6 years at the time of exit from our service.  Clients have the right to see the data that we hold about them by making a written request addressed to the Data Protection Lead at the address below. South West Surrey Domestic Abuse Outreach Service (Citizens Advice Waverley) must provide this information in a printed form within 30 days of receiving the request.  Clients have the right to withdraw consent for us to hold personal data at any time by making the request either verbally or in writing:  **Data Protection Officer**  **South West Surrey Domestic Abuse Outreach Service**  **Citizens Advice Waverley, 36 Bridge Street, Godalming GU7 1HP**  If the client is not happy with the way in which we have handled personal information they have the right to put in a complaint with the Information Commissioners Office – their website address is ico.org.uk  **Sharing data**  Although we are committed to ensuring personal data is held securely and that confidentiality is maintained there are exceptions to this principle.  If we have concerns about the safety relating to a client or their children, it may be necessary to share relevant data appropriately with other agencies – normally statutory agencies such as the Police or social care.  We will, if possible, inform the client that we intend to share personal data and we will tell the client what data we intend to share. We will ensure that when we share data it is done in a secure and confidential manner that respects the client’s rights and privacy and adheres to our data protection and confidentiality policies. |

Thanks for taking the time to complete this referral.

Please send your completed form into us via email - see the front page.

|  |  |
| --- | --- |
| ***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  Ineligible for support (age)  Ineligible for support (borough)  Ineligible for support (service description)  Identified as unsafe to work with  Identified as perpetrator  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 disability  Unable to meet support needs around NRPF  Unable to meet support needs around drug and alcohol  Previous convictions for violent/sexual offences/ arson  Other |
| Referred/ signposted on to: | Another refuge  Another specialist VAWG service  NDVH  Non-VAWG organisation/ service  Other |