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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 contact 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 [outreach@swsda.cjsm.net](mailto:outreach@swsda.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:

**South West Surrey 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? | Prefer not to say |
| *(If not British National)* What is their immigration status? | Prefer not to say |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know  Prefer not to say |

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 Service (SWSDAS) is committed to protecting our clients’ personal data and to ensure that it is treated in a confidential and sensitive manner. When we collect personal data, we are legally required to ensure that it complies with the data protection Act 2018 and the UK General Data protection Regulation (UK-GDPR).  During engagement with our service, we collect information about survivors and their family as we work with them. This includes: • Personal details (e.g. age, health, and safe ways to contact them) • Personal details about children and the alleged perpetrator and partner • Details about what has happening or happened • Any risks that the survivor or family are experiencing • Information about anyone else supporting the survivor. We also collect information when a survivor voluntarily complete surveys and provide feedback on our services. This data will be stored in a secure environment (either electronically and/or in paper files).  Further information on how we use and protect personal data can be found in our privacy policy (please ask).  Survivors have the right to request to view or receive a copy of information that we hold about them. If they would like make a request, they can call 01483 898884 or email swr@swsda.org.uk. We want to make sure that information we hold is accurate and up to date. They may ask us to correct or remove information they think is inaccurate. In some cases, we may provide justification for refusing a request.  If survivors have a complaint about the way in which we use their personal information, they have the right to complain to the Information Commissioner at [www.ico.org.uk](https://ico.org.uk/)  Where we retain personal data on our systems, we will keep it for as long as we need it to provide the support or other services requested by our survivors and/or our partners as permitted by law.  **Sharing data**  Generally, the information survivors share with us about themselves, family and others, including their situation, will be treated as confidential by SWSDAS. This means that only SWSDAS staff will have access to this information unless they say otherwise. However, there may be times when it is useful for someone from SWSDAS to share information about them with other agencies. When this happens an SWSDAS staff member will contact them to ask permission for the information to be shared. They have a right to say yes or no to this request.  When an SWSDAS staff member considers a survivor or their family to be at high risk of serious harm, they may share information without consent to try and keep them safe. We will always try to discuss this with them as soon as we can. The agencies that we usually share information with in these cases are the Police, Social Services, or a multi-agency risk assessment conference (MARAC).  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. For further information about our survivor confidentiality policy, please contact us at swr@swsda.org.uk |

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 |