

EDAN Lincs Domestic Abuse Service

Formerly 'West Lincolnshire Domestic Abuse Service'

Referral Form



Please note that all information shared is confidential, unless we believe there is a risk to yourself or other people, any child protection issues or if we are required to do so by law. The information on this referral is discussed with the service user. If you do not want us to share information, please highlight this clearly.

1. Referral Details

Date of Referral:		Any previous referrals:		EDAN Lincs Reference:	
Name of Referrer:			Agency:		
Contact Number:			Email:		

2. Service Users Details:

Name:			Alias:		
Address:			Alternative address:		
			Is the address safe to use?	Yes	No
Local Authority:					
Type of Accommodation:	Council <input type="checkbox"/>	Private Rented <input type="checkbox"/>	Owner <input type="checkbox"/>	Family / Friends <input type="checkbox"/>	Other <input type="checkbox"/>
Telephone Numbers:			Is it safe to use?		
			Is it safe to leave messages?		
			Is it safe to text saying we are from EDAN Lincs?		
Email:			Is it safe to email saying we are from EDAN Lincs?		

Date of Birth:		Age:		Gender:		Recourse to public funds?	Yes	No
Ethnicity:		Religion:		Sexual Orientation:				

Does the Service User drive?	Yes	No	Does the Service User have access to a vehicle?	Yes	No

Alternative trusted contact:			Relation:		
Contact number:					
In an emergency or if we are unable to contact you, are we able to contact them?	Yes	No	Is it safe to inform your alternative contact we are from a DA Service?	Yes	No

Does the Service User have any of the following?							
Drug Issues:		Alcohol Issues:		Mental Health Issues:		Physical Health:	Language barrier:
Please provide details around this:							
Is an interpreter required? <i>If yes, please give details:</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Details:		
Are there any other identified potential risks? <i>If yes, please give details:</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Details:		
Does SU have any criminal convictions or been investigated by the police? <i>If yes, please give details:</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Details:		

3. Perpetrator Details:

Name:		DOB:		Gender:		Address:				
Ethnicity:		Employment?		LADO?		Relation to Victim:				
Height	Build	Hair Colour		Eye Colour	Facial Hair?	Glasses?	Tattoos?			
Does the perpetrator have access to a vehicle?			Yes	No	Reg. Plate	Make	Model	Colour		
Are there any conditions / orders in place?				Yes	No	Is the perpetrator involved with any other agencies?			Yes	No
Any other details: <i>e.g. multiple perpetrators, details of orders in place:</i>										

4. Children Details:

Name:	DOB:	Age:	Gender:	Home Address:	CP / CIN / TAC?

Is the client pregnant?	Yes	No	Does the perpetrator have any contact with the children?	Yes	No
Due date:					
Name of Social Worker / Lead Professional:			Contact Details:		
Name of Schools (if applicable):			Contact Details:		
Are there any safeguarding concerns?	Yes	No	If yes, has a safeguarding referral been made?	Yes	No

Has an EHA been completed?			Have any unmet needs been identified?		
Please provide additional details (including any worries you have):					

5. Other Adults in the household:

Name:	DOB:	Age:	Gender:	Home Address:	Are they a vulnerable adult?

6. Agency Involvement – Please detail what agencies are involved with the family.

Agency Name:	Job Title:	Contact Name:	Contact Number:

7. Domestic Abuse Details:

Is the Service User still in the relationship?			How long together:			
			Length of time separated (if applicable):			
Length of abuse suffered:	Less than six months	<input type="checkbox"/>	Six to Twelve Months	<input type="checkbox"/>	Twelve months to two years	<input type="checkbox"/>
	Two years +	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	N/A	<input type="checkbox"/>
In relation to the relationship, do you feel you want to:	Leave abusive person	<input type="checkbox"/>	Stay with abusive person	<input type="checkbox"/>	Remain separated from abusive person	<input type="checkbox"/>
	Return to abusive person	<input type="checkbox"/>	Unsure about intentions	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has a DASH been completed?	Yes (Score)	No	Has a referral to MARAC been made?	Yes	No	
Date of DASH:			Date of MARAC Referral:			

Please note that if a referral to MARAC has been made with consent, EDAN Lincs will not work with the Service User until IDVA intervention is completed.

What types of abuse has the Service User experienced:					
Physical		Sexual		Emotional	
Harassment		Stalking		Coercive / Control	
So-called HBV		FGM		Forced Marriage	
					No known DA, but potential risk indicators

Brief overview of the situation; including details of the most recent incident, the first incident and the worst incident.	
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6. Additional Comments:

Any additional comments:	
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Once completed, please return to info@edanlincs.org.uk (password protected) or our secure email info.secure@edanlincs.cjsm.net or PO BOX 125, LN1 1HA. Please contact us on 01522 510041 if you have any queries.