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:** |  | **WLDAS Reference:** |  |
| **Name of Referrer:** |  | **Agency:** |  |
| **Contact Number:** |  | **Email:** |  |

1. **Service Users Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Alias:** |  |
| **Address:** |  | **Alternative address:** |  |
| **Is the address safe to use?** | **Yes** | **No** |
| **Local Authority:** |  |  |  |
| **Type of Accommodation:** | **Council** [ ]  | **Private** [ ] **Rented** | **Owner** [ ]  | **Family /** [ ] **Friends**  | **Other** [ ]  |
| **Telephone Numbers:** |  | **Is it safe to use?** |  |  |
| **Is it safe to leave messages?** |  |  |
| **Is it safe to text saying we are from WLDAS?** |  |  |
| **Email:** |  | **Is it safe to email saying we are from WLDAS?** |  |  |
|  |
| **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? *If yes, please give details:*** | **Yes** [ ] **No** [ ]  | **Details:** |
| **Are there any other identified potential risks? *If yes, please give details:*** | **Yes** [ ] **No** [ ]  | **Details:** |
| **Does SU have any criminal convictions or been investigated by the police? *If yes, please give details:*** | **Yes** [ ] **No** [ ]  | **Details:** |

1. **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:** *e.g. multiple perpetrators, details of orders in place:* |  |

1. **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):** |  |

1. **Other Adults in the household:**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** | **Job Title:** | **Contact Name:** | **Contact Number:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **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** | **Six to Twelve** [ ] **Months** | **Twelve months to** [ ] **two years** |
| **Two years +** [ ]  | **Unknown** [ ]  | **N/A** [ ]  |
| **In relation to the relationship, do you feel you want to:** | **Leave abusive person** [ ]  | **Stay with abusive person** [ ]  | **Remain separated** [ ] **from abusive person** |
| **Return to abusive person** [ ]  | **Unsure about intentions** [ ]  | **N/A** [ ]  |
| **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**, **WLDAS will not work with the Service User until IDVA intervention is completed.** |
|  |
| **What types of abuse has the Service User experienced:** |
| **Physical** |  | **Sexual** |  | **Emotional** |  | **Financial** |  |
| **Harassment** |  | **Stalking** |  | **Coercive / Control** |  | **No known DA, but potential risk indicators** |  |
| **So-called HBV** |  | **FGM** |  | **Forced Marriage** |  |
|  |
|  |
| **Brief overview of the situation; including details of the most recent incident, the first incident and the worst incident.** |  |
| 1. **Additional Comments:**
 |
| **Any additional comments:** |  |

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