**Leeds Domestic Violence Referral Form**



ORGANISATIONAL LOGO

**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:**

Please email this form to: ldvs.referrals@lwa.cjsm.net via secure email.

*If you do not have a secure email account, please contact our Helpline to discuss alternative secure referral methods:* **0113 246 0401**

**Eligibility criteria for this service:**

*Please be sure to check that the client meets the following criteria before making the referral:*

Client is affected/fleeing domestic violence or abuse including Stalking/HBV/Forced Marriage/FGM

The IDVA Service can support clients living outside of Leeds if the incident took place in Leeds. Refuge will accept referrals from outside of Leeds. For all other services clients must reside in Leeds to be eligible for support

**Accompanying documents:**

Please attach the following documents to this referral, if completed:

**Safe Lives DASH/MARAC Paperwork**

**\*Please complete all sections of this form to enable the referral to be processed as quickly as possible**

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact the **Access & Assessment Team on 0113 246 0401**

|  |
| --- |
| 1. **Information about the person making the referral**
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|  |
| Date of referral: |  |
| **Please indicate which service you’d like to refer to:** |
| IDVA Community DV TeamREFUGESUPPORT GROUP/STAYING SAFE PROGRAMME |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name/address |  |
| 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) |  |
| Does the client consent to this referral? |  |
| Client’s perception of risk High/Med/Low |  |
| Has the client been referred to MARAC? |  |
| If yes who referred and when? |  |
| Has the client stayed in refuge before |  |
| If so, which refuge |  |
| Reason for leaving that refuge |  |
| Details of Economic Status | Unemployed/F/T Employment/P/T Employment/Sick Leave/Student/Maternity/Benefits/Retired/Other please specify |
| **Addresses**  |
| Current address |  |
| Current Local Authority  |  |
| Local Authority of origin (if different) |  |
| Type of tenancy | Local Authority | Housing Association | Private Rented | Owner/Occupier |
| Temporary Accommodation | Family/Friends | OtherPlease specify: |
| Whose name is the tenancy in? |  |
| How long have you lived at this address | Years | Months | Days |
| Does the perpetrator live at this address? | Yes ☐ No ☐ Don’t Know ☐ |
| Is it safe to write to the client? | Yes ☐ No ☐ Don’t Know ☐ |
| Safe contact notes: |  |
| **Contact info** |
| *Details Safe to contact?* |
| Phone |  | ☐ |
| Will they answer a withheld number? | Yes ☐ No ☐ Don’t Know ☐ |
| Is it safe to leave a message? | Yes ☐ No ☐ Don’t Know ☐ |
| 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 ☐ | *Pleas state which language:* |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female ☐Male ☐In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is their current gender different to the sex they were assigned at birth? | Yes ☐No ☐ Don’t know ☐ |
| 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 ☐ |
| 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 ☐ |
| Do they have a faith/ religion?  |
| No religion ☐Bahai ☐ Buddhist ☐Christian ☐Hindu ☐Jewish ☐Jain ☐ | Muslim ☐ Shinto ☐ Sikh ☐Zoroastrian ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know ☐ |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know ☐  |
| Are they pregnant? | Yes ☐ How many weeks? No ☐ Don’t know ☐  |

1. **Client support needs/ vulnerabilities**

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| --- |
| ***Please tell us more about any support needs the client may have:*** |
| Mental Health ☐Physical Health ☐  | Substance misuse ☐Offending ☐  |
| **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 | Relationship to perpetrator |
|  |  |  |
| 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 |  |
| Gender | Female ☐Male ☐Any other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| Ethnicity |  |
| Nationality |  |
| Description of perpetrator | **Height** | **Build** | **Hair Colour** | **Eye Colour** |
|  |  |  |  |
| **Facial Hair** | **Glasses** | **Distinguishing features** | **Tattoos** |
|  |  |  |  |
| If the most recent incident has been reported to the police | **Has he been arrested?** | **Has he been charged?** | **Are the any bails conditions?** |
|  | **Yes/No** | **Yes/No** |
|  |  |  |  |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* |
|  |
| **Additional Risk Assessment** |
|  | **Referred client** | **Alleged Perpetrator** |
| Has there been any violent or aggressive behaviour to anyone else? | **YES/NO** | **YES/NO** |
| Are there any criminal convictions/offending history? | **YES/NO** | **YES/NO** |
| Are there any warning markers | **YES/NO** | **YES/NO** |
| Are there any other risks? | **YES/NO**  | **YES/NO** |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?**  |
|  |

Thanks for taking the time to complete this referral.

To submit your completed document, please email to ldvs.referrals@lwa.cjsm.net or fax to 0113 246 8377. Before you send the referral, please check that your referral meets the criteria set out on the first page of this document, and that any relevant additional materials ie: Safe Lives Dash/MARAC Paperwork are attached.

If you have any queries, please contact the Access & Assessment Team on 0113 246 0401.

|  |
| --- |
| ***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 ☐ |