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| **Leicester, Leicestershire & Rutland**  **Domestic & Sexual Violence**  **Referral Form** |

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| Date of Referral : | | | | OASIS Reference Number :  (Office Use Only) | | | |
| Referrer: | | | | Organisation : | | | |
| Position: | | | | Telephone No: | | | |
| Email Address: | | | | | | | |
| **Office Use Only - Nature of Support Required** | | | | | | | |
| IDVA  (Please include a copy of the  CAADA DASH Risk Assess) | ISVA | | Engagement & Recovery | | | Safe Home / Refuge Referral | |
| **Area:** | Blaby | Charnwood | | | Hinckley & Bosworth | | Melton |
| Leicester City | Harborough | NWL | | | Oadby & Wigston | | Rutland |

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| **Primary Victim Details** | | | | | |
| Forename(s):  Surname:  Date of Birth : Age: | | Telephone :  Mobile :  Email: | | | |
| Address:        Post Code: | | **Safe Contact Methods** | | | |
| **NOT Safe** | Call Safe | | Other: |
| Address Safe | Text Safe | | Click here to enter text. |
| Phone Safe | Email Safe | |
| Alt Safe Contact: | | Alt Safe Contact No: Click here to enter text. | | | |
| Gender: Choose an item. | Sexual Orientation: Choose an item. | | | Transgender : Choose an item. | |
| Ethnic Origin: Choose an item. | | Nationality: Choose an item. | | | |
| First Language: | | Is an Interpreter Required: Yes  No | | | |
| Religion: Choose an item. | | Partnership Status: | | | |
| Economic Status: Choose an item. | | Current Tenure: Choose an item. | | | |
| NI Number: | | Recourse to Public Funds: Yes  No  DK | | | |

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| **Disabilities** | | **Vulnerabilities / Complex Needs**  (In the past year has the client had any problems with any of the following?) | | | |
| Long Term Illness  or Condition | Physical | Alcohol | Drugs | Mental Health | Self Harm |
| Hearing | Learning | Victim or Risk  of FGM | Forced  Marriage | Homelessness | Criminal  Offences |
| Visual | None | Sexual  Exploitation | Rape or Sexual Assault | Struggle with  Social Skills | Schedule 1 Offender  (At any time) |
| Other Issues / Vulnerabilties: | | | | | |

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| **Perpetrator Information** | | | | | | | | |
| Forename:  Surname:  Date of Birth: Age: | | | | Address:      Postcode: | | | | |
| Gender: Choose an item. | | Sexual Orientation: Choose an item. | | | | | Transgender : Yes  No | |
| Relationship to Victim: | | | | Relationship Status: | | | | |
| Ethnicity: | | | | Immigration Status: | | | | |
| Employment Status: | | | | Place of Work: | | | | |
| How Long Together with  Victim: | | | | Perpetrating For How Long: | | | | |
| Father of Children (FOC): Yes  No  Other | | | | FOC Other Details: | | | | |
| **Perpetrator Profile / Issues** | | | | | | | | |
| Alcohol | Drugs | | Disabilities | | Literacy /  Numeracy | Mental Health | | Self Harm |
| History of  Violence | History of Sex Offences | | Known Gang Member | | Prescribed  Drugs | Homelessness | | Financial  Issues |
| DV Related Convictions | Other Violence Convictions | | Non Violent Convictions | | Schedule 1 Offender | None | | Not Known |
| Other Issues / Vulnerabilties: | | | | | | | | |
| Known Risk Factors: | | | | | | | | |
| Warning Markers:  (for example weapons, gun licence, violence) | | | | | | | | |
| Crime Notes / Orders in Place:  (e.g. Non Molestation Order, Restraining Order ) | | | | | | | | |

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| **Child/ren’s Details** | | | | | |
| First Name | Surname | Date of Birth | Age | Gender | Ethnicity |
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| Children’s Address:  (If different from victim) | | | | | |
| Care Status: Child/ren Adopted: Yes / No / DK  Current Agency Involvement: S17(CIN)  S47(CP)  S31 (Care or SO)  Other:………………………… | | | | | |

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| Is the Victim/Client Pregnant? Yes / No E.D.D: Lone parent: |
| Any other people/family members living in household: |

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| **Children’s Issues:**  Regarding the Domestic Abuse what have the children heard/seen or experienced:  Witnessed: Physical Verbal Emotional Sexual Financial  Actual: Physical Verbal Emotional Sexual Financial  Has the child/ren ever suffered any injuries? Yes / No  Was the parent/carer able to access medical attention for the injuries? Yes / No / NA  Was the parent/carer assaulted whilst pregnant? Yes / No | | | | | | |
| **Family Vulnerabilities / Complex Needs** | | | | | | |
| Child/ren not in /  attending school | Family Member has  ASB intervention or  Criminal Offence | | Worklessness / at  Risk of Financial  Exclusion | Family with Health Problems | | Any Child in  Need of Help |
| **Other Agency Involvement** | | | | | | |
| Agency: | | Contact: | | | Tel No: | |
| Nature of Involvement: | | | | | | |
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| Agency: | | Contact: | | | Tel No: | |
| Nature of Involvement: | | | | | | |
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| **Case Information and History** | | | | |
| Date of last incident: | Was this reported to police: Yes\* / No | | | \* Incident No: |
| Background Information:  *(Please tell us about the reason for referral, abuse experienced etc.)* | | | | |
| **What are the victim’s priority areas of support:** | | | | |
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| **SafeLives DASH Risk Assessment Undertaken: Yes / No** | | | | |
| Completed By: | | Risk Level: | Date: | |
| **Referrals are accepted with consent unless safeguarding risk overrides consent; please ensure you are compliant with your agency’s sharing without consent procedures. Please sign below to confirm consent has been obtained or the decision to share information without consent has been made:**  **Referrer:** **Signature:** **Date:** | | | | |

**Please return this form to**:

Freeva Ltd, PO Box 7675, Leicester. LE1 6XY

Secure Email: [secure.referral@freeva.cjsm.net](mailto:secure.referral@freeva.cjsm.net)

Email: [referrals@freeva.org.uk](mailto:referrals@freeva.org.uk)

Enquiries: 0808 80 20 028

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| **Office Use Only** | | | |
| Risk Assessment Completed By: | | | Date: |
| Risk Level: | | | IDVA Referral Date (if applicable): |
| Accepted: Yes / No | Letter sent to referrer to confirm  receipt / allocation / waiting list status date: | | ISVA Referral Date (if applicable): |
| Reason If Not Accepted: | | | |
| Support Start Date: | | Support End Date: | End of Support Notification Sent: |

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**Continuation Sheet - Referral Form**

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| **Details of Referral** | | |
| **Contact:** | **Agency:** | **Self Referral:** |
| **Form Completed By:** | |  |
| **Primary Victim’s Name:** | | **OASIS No:** |

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| **Additional Information:** |

**Please return this form to**:

Freeva Ltd, PO Box 7675, Leicester. LE1 6XY

Secure Email: secure.referral@freeva.cjsm.net

Email: [referrals@freeva.org.uk](mailto:referrals@freeva.org.uk)

Enquiries: 0808 80 20 028