Referral Form

Wakefield District Domestic Abuse Service (WDDAS)

Secure email address domesticabuse@wakefield.gov.uk

**Central Service 0800 915 1561**

**\*\*\*All fields to be completed, if unknown please state \*\*\***

|  |  |
| --- | --- |
| Date of Referral  | Victim or Perpetrator |
|  |  Victim [ ]  Perpetrator [ ]  |
| Has consent been given? | Level of Risk | High risk has the MARAC referral been sent to the MARAC Coordinator? |
| Yes [ ]  No [ ]  | High [ ]  Med [ ]  Standard [ ]   |  Yes [ ]  No [ ]  |
| How did the client hear about the WDDAS service?e.g Self / IDVA Car  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Client details | Name | DOB  | Gender identity: |
|  |  |  |
| Address  | Postcode  | Safe to Write? |
|  |  | Yes [ ]  No [ ]  |
| Accommodation type e.g WDH, Private, home owner, living with parents/family.  |  |
| Landline number |  | Employment status |
| Mobile number |  |  |
| Are these safe numbers? |  |
| Code word / safe time to call |  | Does the Victim have any substance misuse or mental health issues? |
| \*\*\*Sexual orientation \*\*\* |  |  |
| \*\*\*Religion \*\*\* |  |
| \*\*\*Nationality / Ethnicity\*\*\* |  | \*\*\*Does the Victim have a disability / literacy or numeracy difficulties? \*\*\* |
| Language spoken  |  |  |
| Translator required |  |
| Forced Marriage |  | \*\*\*Relationship Status \*\*\* e.g. married/ separated/ living together  |
| Immigration status and any concerns |  |  |
| Are there any legal orders in place? e.g. Restraining Order etc |  |
| Reason and circumstances for Referral (please provide all relevant information) | **\*\*\*\*Must be completed with reason for referral and DASH attached \*\*\*\*** |
| Freedom Programme Perpetrator Programme | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Children’s Details |
| Children’s details Name | Gender  | DOB/ age | Relationship | Does (ex) partner have PR? | School / Nursery |
| Victim | Perpetrator |
|  |  |  |  |  | Yes [ ]  No [ ]  |  |
|  |  |  |  |  | Yes [ ]  No [ ]  |  |
|  |  |  |  |  | Yes [ ]  No [ ]  |  |
|  |  |  |  |  | Yes [ ]  No [ ]  |  |
|  |  |  |  |  | Yes [ ]  No [ ]  |  |
| Is the client pregnant? | Yes [ ]  No [ ]  | Due Date |  |
| Where are the children residing. Please state address (if different to client details above) |  |
| Has a referral been made to CYPS / describe involvement and contact details of worker |  |
| Flag significant concerns regarding children. |  |
| Other agencies  |
| What other agencies are involved  |  |
| Medical Details  |
| GP Name and Surgery details |  |
| Is the client currently on any prescribed medication? | Yes [ ]  No [ ]  | Please specify: |
| Others involved (Partner/ ex-partner/ family member details)Perpetrator of Victim |
| Perpetrator [ ]  Victim [ ]  | Name  | DOB | Gender Identity |
|  |  |  |
| Address | Postcode  | Ethnicity  |
|  |  |  |
| Employment Status |  |
| Does the Perpetrator have any substance misuse or mental health issues? |  |

|  |
| --- |
| Referring Agency  |
| Refers Name |  |
| E-mail address |  |
| Telephone number |  |

**For Office Use Only**

|  |
| --- |
| **Checklist**  |
| SafeLives Dash risk checklist completed  | Yes [ ]  No [ ]   |
| Risk Level  | High [ ]  Med [ ]  Stand [ ]  |
| ISSP in place | Yes [ ]  No [ ]  |
| Confidentiality and information sharing agreement consented to by client | Yes [ ]  No [ ] Written [ ]  Telephone [ ]  |
| Service explanation provided | Yes [ ]  No [ ] Written [ ]  Telephone [ ]  |
| Is there a conflict of interest in this case? | Yes [ ]  No [ ] If yes, discuss with your manager |
| Is this a repeat | Yes [ ]  No [ ]  |
| **Other** |
|  |