**Referral Form – Solace Bexley Community Support**

Please send the referral email encrypted via Egress Switch or password protect this and send us the password in a separate email. Email the completed form to: **bexley.community@solacewomensaid.org**

This referral form is for people affected by domestic and/or sexual abuse who live in **Bexley**. We are only able to accept referrals for survivors of domestic abuse who are aged **16** years and above.

1. **Client consent**

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| --- | --- |
| **Has the client consented to this referral? Date of referral** | Choose an item.Click here to enter a date. |

**Please note we cannot accept referrals where the client has not consented to being referred.**

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| **Please indicate which service you would like to refer to (tick all services required by the service user)** |
| Advocacy & Support |[ ]  ARISE (Domestic Abuse awareness course) |[ ]

1. **Referrer details**

|  |  |
| --- | --- |
| Referrer name and Job Title |  |
| Agency (incl. department/team) |  |
| Type of agency (e.g. Housing, Social Care etc.) |  |
| Contact number |  |
| Contact email address |  |

1. **Client contact details**

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Other/previous names |  |
| Date of Birth | Click here to enter a date. |
| **Contact Method** | **Details** | **Safety** (we would call a contact method safe if no-one else other than the client has access to it, i.e. if perpetrator can access texts it is not safe to text) |
| Telephone**Please inform client that we call from a withheld number**  | Click here to enter text. | Safe to call? Yes [ ]  No [ ] Safe to text? Yes [ ]  No [ ] Safe to leave voicemails? Yes [ ]  No [ ]  |
| Email address | Click here to enter text. | Safe to email?Yes [ ]  No [ ]  |
| Address | Click here to enter text. | Is the client living with the perpetrator? Yes [ ]  No [ ]  |

1. **Reason for referral**

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| Why are you referring the service user? Please describe the main issues relating to the domestic abuse i.e. frequency, when it began, if there has been physical abuse or recent separation: |
| **Basic history** |
| **Most recent incident** |
| **What are the service user’s priorities in terms of the support required?** |
| **Types of abuse experienced by client (please tick all that apply)** |
| Coercive control/ controlling behaviour | [ ]  | CPV (Child to Parent abuse) | [ ]  |
| Emotional/ psychological abuse | [ ]  | HBV (Honour-based violence) | [ ]  |
|  Physical abuse | [ ]  | Forced marriage | [ ]  |
| Sexual violence/ abuse  | [ ]  | Sexual exploitation | [ ]  |
| Verbal abuse | [ ]  | Trafficking | [ ]  |
| Financial abuse | [ ]  | FGM (Female genital mutilation) | [ ]  |
| Harassment/ Stalking | [ ]  | Other type of abuse (please specify) Click here to enter text. |

1. **Children in the household**

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| --- |
| **Please list all children under 18 whether related to client and/or perpetrator** |
| **Full name** | **DOB** | **Ethnicity** | **Relationship to client** | **With whom do children reside?** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
| School(s) if known | Click here to enter text. |
| Disabilities (please specify) | Click here to enter text. |
| Known to Children’s Social Care? (please specify allocated worker if known) | Click here to enter text. |

1. **Perpetrator(s)**

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| --- |
| **Please provide alleged perpetrator(s) details** |
| **Full name** | **DOB** | **Gender** | **Ethnicity** | **Relationship to client** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
| Address if different to client’s  |  |
| If partner or ex-partner, length of relationship with client? |  |

1. **Equalities monitoring**

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| **How does the client describe their:** |
| Gender identity | Choose an item. |
| Is their gender identity the same as they were assigned at birth? | Choose an item. |
| Nationality | Click here to enter text. |
| Ethnicity | Choose an item. |
| Relationship status | Choose an item. |
| Religion/ faith | Choose an item. |
| Sexual orientation | Choose an item. |
| Disability | Choose an item. |
| ***Details re the above i.e. disability/ ethnicity*** | Click here to enter text. |

1. **Accessibility requirements**

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| **Does the client require:** |
| Specific requirements e.g. wheelchair ramp, hearing loop | Choose an item.If yes, please give details:  |
| Language interpreter? | Choose an item. |
| Please state which language: | Click here to enter text. |
| Languages spoken by client: | Click here to enter text. |

1. **Additional vulnerabilities**

|  |  |
| --- | --- |
| Is the client pregnant? | Choose an item. |
| Does the client need support around mental health? | Choose an item.If yes, please give details:  |
| Does the client need support around use of drugs? | Choose an item.If yes, please give details: |
| Does the client need support around use of alcohol? | Choose an item.If yes, please give details: |
| Does the client need support around offending? | Choose an item.If yes, please give details: |
| Does the client have recourse to public funds? | Choose an item. |
| What is the client’s immigration status? | Choose an item. |
| Any other useful/ important information about the client’s support needs: | Click here to enter text. |

1. **Client emergency contact**

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| --- |
| **Please provide details of client’s next of kin/ someone who can be safely contacted in case of emergency** |
| **Name** | **Relationship** | **Phone Number** | **Safe to contact?** |
|  | Click here to enter text. | Click here to enter text. | Yes [ ]  No [ ]  |

**Please return this form to** **bexley.community@solacewomensaid.org**