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| **Referred to: Colin Fitzgerald** | **Date of referral:** |
| **Referrer details: (Name, Profession)** | **Referrer Contact Tel:** |
| **Referrer Contact Email:** |

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| **Client’s name:** | **Partner's name:** |
| **DOB:** | **Ethnicity:** |  **Religion:** | **DOB:** | **Ethnicity:** | **Religion:** |
| **Address:** | **Address:** |
| **Tel:****Email:** | **Tel:****Email:** |

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| **Interpreter required? Y/N** | **Interpreter required? Y/N** |
| **Specify language:**  | **Specify language:**  |
| **Children in current relationship?** |
| **Name:** | **DOB:** | **Gender:** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **Does the man see any children from previous relationships?** **(names, DOBs, gender):** |
| **Any previous partners man still sees/has been violent towards:** |
| **Please indicate if any of the following apply:** | **DK** | **Yes** | **No** |
| **Client is subject to ongoing police/criminal action:** |  |  |  |
| **Client experiences depression:** |  |  |  |
| **Client experiences anxiety disorder:** |  |  |  |
| **Client is suicidal/has attempted suicide:** |  |  |  |
| **Client misuses alcohol:** |  |  |  |
| **Client misuses substances: (Cocaine/cannabis/heroin etc.)** |  |  |  |
| **Client struggles with reading/writing/filling in forms:** |  |  |  |
| **Client has physical disability:** |  |  |  |
| **Client has cognitive disability:** |  |  |  |
| **GP details: (if appropriate)** | **Relevant Medication: (if appropriate)**  |

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| **Are any of the children subject to a child protection/child in need plan?*****If so, please give brief details below & include relevant child protection plan + case chronology & most recent CSC assessment with referral:*** |

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| **Any other relevant professionals involved: *(Please detail below - Cafcass/probation/drug & alcohol keyworker etc.)***  |
|  |
| **Previous convictions: *(Please detail below)*** |
|  |
| **Current injunctions/orders: *(Please detail below)*** |
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| **Please note:** *When a client is referred, their partner/ ex-partner will automatically be contacted by our partner service and offered support and/or updates. While not obligated to accept this support, we are obligated to make contact.* * *Please confirm if she has been informed this will happen:* ***Yes/No***
* *Please confirm the referral has been discussed and the statement below has been read to the client:* ***Yes/No***

**Please ask them to sign the agreement. (Without this the referral cannot be accepted).** |
| ***Statement: I understand Solace See Change is a programme for men who have had some history of using violent and abusive behaviour and are looking to change that behaviour. I have discussed this with the person referring me and agree to the referral.*** |
| **Referrer signature:** | **Client signatures:** |
| **Return form to:** **c.fitzgerald@solacewomensaid.org** |