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**Bromley & Croydon Women’s Aid**

**IDVA Referral Form**

**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:**

To submit your completed document, please email the completed referral form to: [idvareferrals@bromleywa.cjsm.net](mailto:idvareferrals@bromleywa.cjsm.net)

If you have any queries, please contact 0208 313 9303.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Details**   |  |  | | --- | --- | | Date of referral: |  | | **Please enter your name and contact details:** | | | Referral Agency |  | | Referrers name |  | | Role/Job title |  | | Contact number |  | | Contact email |  | |

**Consent and Support assessment**

|  |  |
| --- | --- |
| Has the client’s consent been given for this referral? | Yes ☐ No ☐ |
| Has a SafeLives Dash risk assessment been completed? | Yes ☐ No ☐  *(If yes risk level):* |
| Do you believe client to be high risk? | Yes ☐ No ☐ |
| If Yes, has a referral been made to MARAC? | Yes ☐ No ☐ |

**Client Details**

|  |  |
| --- | --- |
| **Contact information** | |
| First name |  |
| Last name |  |
| Other names |  |
| What do they like to be called? |  |
| DOB |  |
| **Addresses** | |
| Current address |  |
| Does the perpetrator live at this address? | Yes ☐ No ☐ Don’t Know ☐ |
| Safe address to write to? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact info** | | | | |
| *Details Safe to contact?* | | | | |
| Phone | |  | | ☐ |
| Email | |  | | ☐ |
| Safe time to contact client? | |  | | |
| **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 ☐ | | *If yes, please provide details:* | |

**Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health ☐  Physical Health ☐ | Substance misuse ☐  Offending ☐ |
| **Additional details:**  ***(Please include details of any other professionals involved)*** | |
|  | |
| 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 ☐ |

**Previous requests for support**

|  |  |
| --- | --- |
| Before being accepted here, did you try unsuccessfully to access any other domestic abuse services? | Yes ☐ No ☐ Don’t know ☐ |
| How many did you try to access? |  |
| Is this an exact figure or an estimate? | Exact ☐ Estimate ☐ |

**Children**

|  |
| --- |
| ***If the person being referred has children, please provide details below:*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children’s details**  Name | Gender | DOB / age | Is (ex-)partner parent of child / unborn baby? (if not, state who parent is) | | Does (ex) partner have PR? | | School |
|  | M / F |  |  | | Y / N | |  |
|  | M / F |  |  | | Y / N | |  |
|  | M / F |  |  | | Y / N | |  |
| Is the client pregnant? | Y / N | | | Due date | |  | |
| Living arrangements and address (if different to client details above) |  | | | | | | |
| CYPS involvement | Y / N | | | | | | |
| Describe involvement |  | | | | | | |
| Flag significant concerns regarding children |  | | | | | | |

**Domestic Violence**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of last incident: | |  | |
| Details of last incident? | |  | |
| Are Police involved? | | ☐ Yes ☐ No ☐Don’t Know | |
| Police Officers contact details *(if known)* | |  | |
| Does the Client live with the perpetrator? | | ☐ Yes ☐ No ☐Don’t Know | |
| Does the Client still have contact with the perpetrator? | | | ☐ Yes ☐ No ☐Don’t Know |
| Are you aware of any risks posed to a worker making a lone visit? *(specify below)* | | | ☐ Yes ☐ No ☐Don’t Know |
| Perpetrators Name |  | | |
| Date of Birth |  | | |
| Relationship to client |  | | |
| Address |  | | |

|  |
| --- |
| **SIGNIFICANT CONCERNS FLAG:** (eg Staff Safety Issues/Serial Or Repeat Perpetrator/HBV/Suicide Or Self Harm Concerns/Known To MARAC) Please also |
|  |

**Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female ☐  Male ☐  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender the same 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 ☐ |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight ☐  Gay woman/ Lesbian ☐  Gay man ☐  Bisexual ☐  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 ☐ |

Thanks for taking the time to complete this referral.