**Bucks Domestic Abuse Services**

**Agency High and Medium Risk Referral Form**

**How to complete this referral:**

A DASH/risk assessment must be sent with this form, or details provided of professional judgement of risk level. By completing this referral form with as much information as possible, you’re helping us to make contact with the client as safely and quickly as possible, and to help us understand more about their particular needs and circumstances.

**How to submit this referral:**

Please email this referral to enquiries@bucksdaservices.co.uk

Please ensure that you send the referral form and risk assessment through a secure email account or with a password protected file.

**Eligibility criteria for this service:**

*Please be sure to check that the client meets the following criteria before making the referral:*

* Experienced Domestic Violence or Abuse
* Living in Buckinghamshire
* Has provided consent to be contacted and for their information to be shared with Bucks Domestic Abuse Service (Aylesbury Women’s Aid and Wycombe Women’s Aid)

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact enquiries@bucksdaservices.co.uk or call 01296 437777.

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| 1. **Information about the person making the referral**
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| **Please indicate the risk level of the client and reasons for this risk level (please note we can only accept referrals for ongoing support for medium and high risk clients)** |
|  **Date of referral** |  |
| **Please enter your name and contact details:** |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number  |  |
| Contact email |  |



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| **PLEASE NOTE WE ARE UNABLE TO PROCESS REFERRALS WITHOUT CONFIRMATION OF CLIENT CONSENT** |

1. **Client contact information**



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| **Client details**  |
| **HAS CLIENT CONSENTED TO THE REFERRAL AND US CONTACTING HER?** |  |
| First name(s) |  |
| Last name |  |
| Other names / Aliases |  |
| What do they like to be called? |  |
| Date of Birth |  |
| **Addresses** |
| Current address |  |
| Current Borough |  |
| Borough which survivor fled from (if different) |  |
| Does the perpetrator live at this address? |  Yes [ ]  No [ ]  Don’t Know [ ] Further information:  . |

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| **Contact information** |
|  | *Details*  | *Safe to contact?* |
| Phone number |  | [ ]  Text and Phone[ ]  Phone only☐ Leave voicemail |
| Email address |  | [ ]  Email |
| Preferred contact method | [ ]  Any [ ]  Phone [ ]  Text [ ]  Email [ ]  Post |
| **Professsionals** |
| Are there any other professionals involved? *(Please give details)* |  |

1. **Client equalities monitoring**

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| --- | --- |
| How would this survivor describe their gender? |  Female [ ]  Male [ ] In another way: \_\_\_\_\_ \_\_\_\_ \_\_\_ Don’t Know [ ]  |
| Is their current gender identity different 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 [ ] Hearing [ ] Vision [ ] Mental Health[ ] Learning: Dyslexia [ ] Learning: Dyspraxia [ ] Learning: Asperger’s [ ] Learning: Autism [ ] Learning other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Don’t Know [ ]  |

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| **How would they describe their ethnicity?** |
| **White:**British [ ]  Eastern European [ ] Gypsy or Irish Traveller [ ] Irish [ ] Scottish [ ] Any other white background [ ]  **Asian / Asian British:**Bangladeshi [ ] Chinese [ ] Indian [ ] Pakistani [ ] Any other Asian background: [ ]  | **Black / African / Caribbean / Black British:**African [ ] Caribbean [ ] Any other Black / African / Caribbean background: . [ ] **Mixed / multiple ethic background:**White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/ multiple background:. [ ] **Other ethnic group:**Arab [ ] Any other ethnic group: \_\_\_ \_\_\_\_ [ ]   Don’t Know [ ]  |

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| **Do they have a faith / religion?**  |
| No religion [ ] Bahai [ ]  Buddhist [ ] Christian [ ] Hindu [ ] Jain [ ] Jewish [ ]  | Muslim [ ]  Shinto [ ]  Sikh [ ] Zoroastrian [ ]  Any other religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ [ ]   Don’t Know [ ]  |

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| What is their relationship status?(tick one option) | Civil partnership (CP) [ ] Cohabiting but not married or in a CP [ ] Divorced [ ] In a relationship (not cohabiting) [ ]  Married [ ] Separated [ ] Single [ ] Widowed [ ] Something else: [ ] Don’t Know [ ]  |
| What is their sexual orientation?(tick one option) | Heterosexual / straight [ ] Gay woman / Lesbian [ ] Gay man [ ] Queer [ ] Bisexual [ ] Asexual [ ] Pansexual [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| Are they pregnant?If yes please state due date |  Yes [ ]  No [ ]  Don’t Know [ ]  |

1. **Client support needs**

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| ***Please tell us more about any vulnerabilities needs the client may have:*** |
| Mental Health [ ] Physical Health [ ]  Alcohol [ ] Drugs [ ] Offending [ ]   | Rough sleeper [ ]  Sex worker [ ]  Physical disability [ ] Learning disability [ ]  Honour Based Violence [ ] Forced marriage [ ]  |
| **Additional details:** |
|  |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have recourse to public funds? | Yes [ ]  No [ ]  Don’t know [ ]  |
| What is this client’s employment status? |  |
| **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 (e.g. language):* |

1. **Children**

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| **If the person being referred has children, please provide their names and dates of birth below:** |
| Name | Date of Birth |
|  |  |
| Are child services involved in this case? *(Please give details)* |  |
| Name of social worker *(if relevant)* |  |

1. **Alleged perpetrator/s**

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| **Information about the alleged perpetrator (if known):** |
| Name |  |
| Gender of perpetrator |  Male [ ]  Female [ ]  Don’t Know [ ]  Another gender:\_\_\_\_\_ \_\_\_\_ \_\_\_ [ ]   |
| Relationship to survivor |   |
| Address |  |
| Current Borough |  |
| Date of Birth |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* |
|  |

1. **Reason for referral**

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| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?**  |
|   |

Thanks for taking the time to complete this referral. Please email the referral form with completed risk assessment to enquiries@bucksdaservices.co.uk

If you have any queries, please contact Bucks Domestic Abuse Service on 01296 437777.