**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.

|  |  |
| --- | --- |
| 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:  . |

|  |  |  |
| --- | --- | --- |
| **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 |

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

|  |  |
| --- | --- |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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](mailto:enquiries@bucksdaservices.co.uk)

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