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| **SAFETY4SISTERS**  **AGENCY REFERRAL FORM** |

Please fill in as many sections as possible, to ensure your referral is processed efficiently.

The more detailed information you can provide ensures we are able to contact the client in a timely fashion.

**When complete send your referral form to vicky@safety4sisters.org**

Is this a referral to Abonsh House refuge provision\_\_\_\_\_\_\_\_\_\_\_

Is this a referral for Advocacy support only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of woman**

D.O.B

Interpreter required

Preferred language spoken

|  |  |
| --- | --- |
| **Referrer’s Details:** |  |
| **Agency:** |  |
| **Contact Name:** |  |
| **Telephone number:** |  |
| **Email:** |  |

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| **Is the woman aware of this referral? Yes** | Yes |  | No |  |

|  |  |  |  |  |
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| **Has the RIC been completed & attached?** | Yes |  | No |  |

(If not please state why)

|  |  |  |  |
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| **In addition to domestic violence please indicate the other issues affecting the woman** | | | |
| Domestic Violence |  | 5 Yr. Rule (Spouse Visa) |  | |
| Physical Injuries |  | Family reunion (spouse of refugee) visa |  | |
| Emotional Abuse |  | Over Stayer |  | |
| Rape/Sexual Harassment (family) |  | Dependant Visa |  | |
| Rape/Sexual Harassment (non-family) |  | Repatriation |  | |
| Honour Based Violence (HBV) |  | Abandonment |  | |
| DV in relation to Elder Abuse |  | EEA National |  | |
| Forced or Early Marriage (FM) |  | EEA dependant |  | |
| Suicide/Attempted Suicide/Self Harm |  | No Recourse to public funds |  | |
| Female Genital Mutilation or Cutting (FGM/C) |  | Immigration Other (specify) |  | |
| Prenatal Sex Selection |  | Matrimonial: Divorce/Annulment/Separation |  | |
| Dowry or Bride Price related Violence/Murder |  | Child Residency/Contact/Abduction/Abuse |  | |
| Acid Violence |  | Family Conflict |  | |
| Breast Flattening/Cosmetic Mutilation |  | Welfare Benefits/Debt Counselling |  | |
| Marriage by abduction/rape or Corrective rape |  | Housing and/or Homelessness |  | |
| Female infanticide |  | Housing out of hours (HPU) |  | |
| Ritual sexual slavery |  | Social Services Accommodation/Section 17/Other |  | |
| Virginity testing |  | Refuge Placement |  | |
| Practices related to initiation or menstruation |  | Accommodation through No Recourse Fund |  | |
| Harmful widowhood rituals |  | Policing |  | |
| Accusations of witchcraft levied at older women |  | Police Complaint |  | |
| Trafficking |  | Criminal/Crime |  | |
| Modern day slavery |  | Civil Action |  | |
| Health (mental) |  | Missing Person |  | |
| Health (physical) |  | Religious Marriage |  | |
| Counselling |  | Other |  | |

**.**

**EQUAL OPPORTUNITIES MONITORING**

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| **Asian / Asian British** | | **Black / Black British White** | | | | **Mixed Race** | | **Religion** | |
| Indian |  | Black Caribbean |  | British |  | White & Black Caribbean |  | Sikh |  |
| Pakistani |  | Black African |  | English |  | White & Black African |  | Hindu |  |
| Bangladeshi |  | Black Other |  | Scottish |  | White & Asian |  | Muslim |  |
| Asian Other |  | Black Other |  | Welsh |  | Mixed Other |  | Christian |  |
|  |  |  |  | Traveller |  |  |  | Jewish |  |
|  |  |  |  | Irish |  |  |  | Buddhist |  |
|  |  |  |  | other white |  |  |  | None |  |
|  | | | | | | | | | |
| Race: Prefer not to say |  | Race: Other |  | | | | | Other: |  |

**IMMIGRATION STATUS OR EEA STATUS (if known) Please scan & attach documents**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General** | | | | **Disabilities** | | | | | |
| **Nationality:** |  | |  | Learning disability/difficulty | |  | Blind | |  |
| **Gender:** |  | |  | Mobility impairment | |  | Long-term health conditions | |  |
| **Ethnicity** |  | |  | Deaf | |  | Other | |  |
| **Marital Status:** | Not married | |  | Hearing or Visually impaired | |  | Unknown/Prefer not to say | |  |
|  | | | | | | | | | |
| **Currently Pregnant/Term of Pregnancy** | |  | | | **Recent Birth/Age of New Born** | | |  | |

**CONTACTING the Woman**

**If woman should NOT be contacted state clearly on the file and details of what is acceptable**

**communication method with the woman)**

Please state when it is safe to contact the woman\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Women’s Contact Details:** | |  |
| **Name:** |  | |
| **Address:** |  | |
|  |  | |
| **Mobile:** |  | |
| **Email:** |  | |
|  | |  |
| **PERPETRATOR’S DETAILS:**  **Name:**  **D.O.B:**  **ADDRESS:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Immigration status:**  **Nationality:**  **Ethnicity:**  **Disability:**  **Sex: Male**  **Please give details of bail conditions if they apply: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_Subject to a DVPO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |

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| **Children: NA** | |  | | | |
| **Name (please indicate if father is different to mothers current partner)** | **Date of Birth**  (dd/mm/yy) | | **Fathers nationality** | **School** | **Social Services involvement:**  e.g. s.47/ CIN / CP |
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| **Details and Reason for Referral:** |
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| --- | --- | --- | --- | --- |
| **Have the police been involved?** | Yes |  | No |  |
| *If yes, please give details of ref number/incident number/police officer name/badge no:* | | | | |
|  | | | | |

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| **What other agencies or professionals are involved (currently or previously) with the client?** |
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| --- |
| **What support are you providing to client/ children?** |
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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |

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| **How did you hear about Safety4Sisters?** |
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| **Please fill in as many sections as possible, to ensure your referral is processed efficiently.**  The more detailed information you can provide ensures we are able to contact the client in a timely fashion.  **When complete send your referral form to info@safety4sisters.org**  **Tel:0161** **464 9505 mobile ( Vicky) 07591 359733** begin\_of\_the\_skype\_highlightingend\_of\_the\_skype\_highlighting  Mon – Thursday 9:30am – 4:00pm  begin\_of\_the\_skype\_highlightingend\_of\_the\_skype\_highlighting |

**FOR S4S ONLY**

Case taken :

xx

Explanation for decision emailed to referrer:

Date sent:

Comments

|  |
| --- |
| **ACTION**  **Case taken on**  Text Box**Case NOT Taken on** |
| **Explanation of Non Case decision,**  Text Box**Active Sign posting**  Text Box**Actively referred on**  **ACTIVE SIGN POSTED DETAILS:**  **AGENCY/IES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Follow up phone call to woman completed**  **Date**  **Outcome**  **Comments/ future action required**  **ACTIVELY REFERRED ON DETAILS**  **AGENCY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Worker Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date/ time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Comments**  **Follow up**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Worker spoken to/ emailed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **OUTCOME**  **Comments/ further Action required** |

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