

Referral Form

Staff Name:	
Date:	Form completed by: Stop Domestic Abuse <input type="checkbox"/> Other Agency <input type="checkbox"/>

Referrer Details:			
Name:		Phone Number:	
Email:			
Client Details:			
Title:		Full Name:	
		Alias:	
Date of Birth:		Age:	
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> Gender Queer <input type="checkbox"/> Non Binary <input type="checkbox"/> Client doesn't identify as any of the above, please specify gender:		
Sexuality:	Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Client doesn't identify as any of the above. Please specify sexuality:		
Safe contact number:		Safe to Leave a message?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alternative number:		Safe to send a text?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe time to call / will someone else answer this phone?			
Email Address:			
Is client only person with access?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Current Accommodation:	
Address:	
	Post Code:
Type of Tenure:	

Address fled from (if different from above):					
					Post Code:
Alleged Perpetrator Information:					
Full Name:		Date of Birth:		Address:	
Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>			
Bail Conditions:		Civil Orders:		Criminal Orders:	
Occupation:			Does the Alleged Perpetrator remain in, or have access to the home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Car Details (Registration No, Colour, Make Model etc.)					
Alleged Perpetrator's Additional Needs:					
Mental Health <input type="checkbox"/>		Learning Disability <input type="checkbox"/>		Dual Diagnosis <input type="checkbox"/>	
Physical Health <input type="checkbox"/>		Alcohol Misuse <input type="checkbox"/>		Substance Misuse <input type="checkbox"/>	
Alleged Perpetrator's Relationship to Victim:					
Partner <input type="checkbox"/>		Ex-Partner <input type="checkbox"/>		Parent/Step-Parent <input type="checkbox"/>	
Adult Son/Daughter <input type="checkbox"/>		Other Family Member <input type="checkbox"/>		Acquaintance/Stranger <input type="checkbox"/>	
Details of Family Members In The Household:					
First Name	Surname	Gender	Relationship	Date of Birth	Age

If yes to any of above, give details:

Cultural / Religious Needs:

Any cultural or faith needs that they require support with?

Yes No

If yes give details:

Does the client require an interpreter?

Yes No

If yes, what language?

Ethnic Group* (please tick)

White		Mixed / Multiple Ethnic Background		Asian or Asian British		Black / African / Caribbean / Black British		Other ethnic group:	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gypsy or Irish Traveler	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black / African / Caribbean / Black British	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	Any other Mixed / Multiple Ethnic Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>			Not Asked	<input type="checkbox"/>
Any other White Back ground	<input type="checkbox"/>			Any other Asian Background	<input type="checkbox"/>			Declined	<input type="checkbox"/>

Details of Ethnicity Other:

*This is to demonstrate we offer an inclusive service. Information will be used for monitoring purposes only.

Stalking / Harassment:

Reason for referral – Please give a brief summary:

Have the authorities been involved?

Police: Yes **No**

Social Care: Yes **No**

Allocated Social Worker?

Name:

Phone Number:

Email:

Adult Services **Children's Services**

Are Children on the Child Protection Plan/CIN?

Yes **No**

S-DASH Completed?

Yes **No**

Date Completed:

Score:

Concerns:

Please list any concerns from Stop Domestic Abuse or Referring Agency:

Data Protection

By submitting this referral form to Stop Domestic Abuse Service, you agree to our processing your personal information in order to assess, manage and develop any services we provide for you and sharing this information with our sub-contractor, Andover Crisis and Support Centre, if you require services delivered in Test Valley District. If you are offered a place at one of our refuges or safe house we may need to pass your information to the relevant landlord – although we only do this on the understanding they keep the information confidential. If you require Target Hardening services in Basingstoke and Deane, Eastleigh, New Forest, Test Valley or Winchester Districts we will pass your details to The You Trust who provide this service.

With your permission we will pass on information about you, including your contact details, to other organisations that are running services of use to you. We will only pass your information on without your permission if we have concerns for a child or vulnerable adult or we are compelled by law. We will never pass your contact details on to salespeople, or to private organisations.

As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 2018 to see and if necessary, correct personal data we hold about you. Please contact us if you would like to see the information held on you, or if you do not wish to be contacted by us in the future.

On receiving this referral we will attempt to contact you to discuss support options and will explain our full privacy notice. If you have any questions about how we will use your information please talk to one of our staff.

Has verbal agreement for this referral been obtained from the client? Yes No

I confirm I have read the data protection statement above and all information given is true and correct to the best of my knowledge.

Signature: _____

stalking@stopdomesticabuse.uk

or

stalking.service@stopdomesticabuse.cjsm.net