

**Foundation Domestic Abuse Navigator Referral Form**

**N.B: When completing this form please ensure that all sections are completed and include recent risk information in ALL cases. Incomplete referrals may result in a delay in processing.**

|  |  |
| --- | --- |
| **Confidentiality and Consent** | |
| This document will be treated under Foundation's strict confidentiality & data protection policy and procedures.  No information provided here will be passed on to other agencies or other persons without first seeking the customers permission. The only exception to this rule would be in a situation where there was serious risk of harm or abuse to either client or others. | |
| **Is the client happy to continue with this process?** | Yes/No |
| **Does the client consent to us recording their information?** | Yes/No |
| **Is the consent** | Verbal (Phone)  Verbal (In person)  Written |
| **Does the client understand what we do, what services are on offer and what to expect?** | Yes/No |
| **Are they happy to proceed?** | Yes/No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | |
| Name |  | | | DOB | | |  | | | |
| Other/Previous Names |  | | | Marital Status | | |  | | | |
| Current Address |  | | | | | | | | | |
| Originating Local Authority Area of Client |  | | | National Insurance Number | | |  | | | |
| Safe Contact Number |  | | | Preferred/Safe contact method | | |  | | | |
| Next of Kin (Name & Relationship) |  | | | NOK Contact Number | | |  | | | |
| Current Accommodation Type (e.g., Refuge, Private rented, Supported Accommodation, homeless) |  | | | | | | | | | |
| Details of any children under 18 - please include name, DOB and whether they are in the care of the client) |  | | | | | | | | | |
| Are there any current safeguarding concerns in relation to any children? If yes, give details |  | | | | | | | | | |
| Risk Assessment | Standard |  | | | Medium |  | | High | |  |
| Subject to MARAC | Yes | |  | | | No | | |  | |
| DASH Risk Assessment Score |  | | | | | | | | | |
| Does the client have any communication needs? (e.g., language / vision or hearing? | Large Print / Braille / Interpreter / BSL / Translation  / Print Size / Other (specify) | | | | | | | | | |
| Does the client have any cultural, lifestyle and/or religious needs that we need to know about? |  | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Perpetrator Details** | | | |
| Name of Perpetrator: |  | DOB: |  |
| Relationship to client: |  | Address: |  |
| Incident Details / Significant Concerns – please give details of most recent incident and any staff safety issues. Has the perpetrator been charged? Do they have any previous convictions? Are there any restrictions in place? Please give details below | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Details** | | | | | | | | |
| Name of referrer: |  | | Contact Number: | | |  | | |
| Email: | | |  | | |
| Referrer Organisation and address: |  | | | | | | | |
| Date of referral: | | | |  | | | | |
| Has the client consented to the referral? | | | | Yes |  | | No |  |
| **Existing Support – Is support provided by any of the following:**  **Please provide name and (agency) contact details:** | | | | | | | | |
| DA Service | |  | | | | | | |
| Drug/Alcohol Service | |  | | | | | | |
| Social Worker | |  | | | | | | |
| Police | |  | | | | | | |
| Mental Health Services | |  | | | | | | |
| Probation Officer | |  | | | | | | |
| Voluntary Organisation | |  | | | | | | |
| Carer/Family Member | |  | | | | | | |
| Other (please specify) | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health** | | | |
| Give details of the client’s past and current mental health issues/support needs. | | | |
|  | | | |
| **Physical Health** | | | |
| Give details of the client’s physical health problems or medical conditions? | | | |
|  | | | |
| **Substance Use** | | | |
| Does the client use any drugs, either illicit or prescribed? Is alcohol use an issue for the client? If yes, please give details. | | | |
|  | | | |
| **History of Aggressive Behaviour or Offending** | | | |
| Does the client have a history of aggressive behaviour or offending? If yes, please give details. | | | |
|  | | | |
| **History of arson or fire setting** | | | |
| Does the client have a history of arson or fire setting? If yes, please give details. | | | |
|  | | | |
| **Housing Support Needs** | | | |
| Give details of the client’s housing support needs. Please include details of any arrears, anti social behaviour or risk of homelessness. | | | |
|  | | | |
| **Risk** | | | |
| Have any risks or concerns been identified in your work with this client? Please include harm to self and harm to others. Please list any safeguarding concerns that you are aware of. | | | |
|  | | | |
| Support Needed (Please select all that apply) | | | |
| Mental Health |  | Drug/Alcohol Use |  |
| Accommodation and Living Skills |  | Finances/Benefits/Budgeting |  |
| Physical Health |  | Offending Behaviour |  |
| Learning Difficulty |  | Court Support |  |
| Safety Measures |  | Emotional Support |  |
| Family/Friendships |  | Children/Parenting Skills |  |
| Access to other services |  | Other |  |
| Please provide details of any identified support needs | | | |
|  | | | |
| Additional Information relevant to referral | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities** | | | | | | | | | | | | | | |
| Foundation treats everyone fairly, with respect and without prejudice. Diverse means different. We are all different, therefore diversity includes us all. Clients requesting support will not be refused on the grounds of gender, ethnic origin, colour, religion, sexuality, disability, appearance or health.  To ensure that this policy is effective, we monitor our referrals according to the categories below. Completion of this form is voluntary, but it does help us provide a better service if this information is given. | | | | | | | | | | | | | | |
| How do you identify yourself (gender) | | | | | | | | | | | | | | |
| Male | | | |  | | Female | |  | | Other (please  state) | |  | | |
| Is this the gender assigned at birth? | | | | | | | | | | | | | | |
| Yes | | |  | | No | | |  | | Do not wish to  state | | |  | |
| Sexual Orientation: | | | | | | | | | | | | | | |
| Lesbian | | |  | | Gay | | |  | | Heterosexual | | |  | |
| Bisexual | | |  | | Other (please  state) | | |  | | Do not wish to state | | |  | |
| Ethnicity: | | | | | | | | | | | | | | |
| White |  | Dual | | |  | | Asian or  British Asian |  | Black or  Black British | |  | Other Ethnic  Group | |  |
| British |  | White and Asian | | |  | | Indian |  | Caribbean | |  | Chinese | |  |
| Irish |  | White and Black  African | | |  | | Pakistani |  | African | |  | Gypsy/  Traveller | |  |
| Other |  | White and Black Caribbean | | |  | | Bangladeshi |  | Other | |  | Do not wish to  state | |  |
|  |  | Other | | |  | | Kashmiri |  |  | |  |  | |  |
|  |  |  | | |  | | Other |  |  | |  |  | |  |
| Relationship Status: | | | | | | | | | | | | | | |
| Single | | | |  | | Married | |  | | Divorced | |  | | |
| Civil  Partnership | | | |  | | Other | |  | | Do not wish  to state | |  | | |
| Disability: | | | | | | | | | | | | | | |
| Yes | | | |  | | No | |  | | Do not wish  to state | |  | | |
| Religion: | | | | | | | | | | | | | | |
| Christian | | | |  | | Buddhist | |  | | Hindu | |  | | |
| Jewish | | | |  | | Muslim | |  | | Sikh | |  | | |
| None | | | |  | | Other | |  | | Do not wish  to state | |  | | |

**Please return completed form to:**

**DurhamReferrals@foundationuk.org**