**CHOICES**

**Domestic Abuse Perpetrator Programme (DAPP)**

**Referral Form**

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| **Section One - Perpetrator Details:** |
| **Name:** |  |
| **Date of Birth:** |  | **Contact number(s):** |  |
| **Current address:** |  | **Postcode:** |  |
| **Accommodation status:** | Living at home address [ ]  Staying with friends/family [ ]  Staying in temporary accommodation [ ]  Homeless [ ]  |
| **Preferred language (if not English):** |  |
| **Any other agencies involved:** |  |

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| **Section Two - Victim Details:** |
| **Name:** |  |
| **Date of Birth:** |  | **Contact number(s):** |  |
| **Current address:** |  | **Postcode:** |  |
| **Are victim and perpetrator still in a relationship?** | Yes [ ]  No [ ]  | **Is victim aware of DAPP referral?** | Yes [ ]  No [ ]   |
| **Safe to contact the victim?** | Yes [ ]  No [ ]  | **Has victim consented to a referral to IDAS?** | Yes [ ]  No [ ]   |
| **Preferred contact type:**  | Letter ☐ Phone ☐ Email ☐ Text ☐ |
| **Preferred language (if not English):** |  |
| **Any other agencies involved:** |  |

Page 1 of 4

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| **Section Three - Details of any Children:** |
| **Name of Child 1:** |  | **Date of birth:** |  |
| **Current address:** |  | **Postcode:** |  |
| **Child of:** | Perpetrator ☐ Victim ☐ Both ☐  |
| **Name of Child 2:** |  | **Date of birth:** |  |
| **Current address:** |  | **Postcode:** |  |
| **Child of:** | Perpetrator ☐ Victim ☐ Both ☐  |
| **Name of Child 3:** |  | **Date of birth:** |  |
| **Current address:** |  | **Postcode:** |  |
| **Child of:** | Perpetrator ☐ Victim ☐ Both ☐  |
| **Name of Child 4:** |  | **Date of birth:** |  |
| **Current address:** |  | **Postcode:** |  |
| **Child of:** | Perpetrator ☐ Victim ☐ Both ☐  |
| **Has a Social Care referral been made?** | Yes [ ]  No [ ]  |

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| **Section Four - Referrer Details:** |
| **Referral date:** |  |
| **Referral source:** | Self [ ]  Police [ ]  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]   |
| **Name:** |  |
| **Contact number(s):** |  | **Email address:** |  |

Page 2 of 4

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| **Police Referrals Only:** |
| **Incident number:** |  | **Court date (if applicable):** |  |
| **Offence (if applicable):** |  | **Any warning markers/concerns:** |  |

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| **Section 5: Reasons for Referral:** |
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Page 3 of 4

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| **Section 6: Referral Consent:** |

**Please select one of the statements below that applies.**

[ ]  **I confirm that verbal consent has been given for me to make a referral on this person’s behalf. They’re aware that the information given on this form, and any future contact with DAPP, will be used to provide them with support and will be kept confidential. The information given may also be used for monitoring purposes within the DAPP service and its partners.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR**

[ ]  **I give consent to DAPP and its employees to contact me. I understand that the information I give on this form, and any future contact with DAPP, will be kept confidential. I understand that the information given may also be used for monitoring purposes within the DAPP service and its partners.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On completion, please email securely to:**

**foundationdapp@foundationuk.org** **or** **DAPerpetratorProgramme@foundation.cjsm.net**

**For any queries, please contact us on 01423 500905**

Page 4 of 4