Image result for pink plus sign**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 | **Is the victim working with Idas?**  **If no, has the victim consented to a referral to Idas?**  **Have you referred the victim to Idas?**  **Date of referral:** | | Yes  No  Yes  No  Yes  No | |
| **Preferred contact type:** | Letter ☐ Phone ☐ Email ☐ Text ☐ | | | | |
| **Preferred language (if not English):** |  | | | | |
| **Any other agencies involved:** |  | | | | |
|  |  | | | | |
| **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:** |  |

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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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| **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 +Choices, 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 +Choices, DAPP service and its partners.**

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

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

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

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

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

**OR**

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

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

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

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

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

[**foundationdapp@foundationuk.org**](mailto:foundationdapp@foundationuk.org) **or** [**DAPerpetratorProgramme@foundation.cjsm.net**](mailto:DAPerpetratorProgramme@foundation.cjsm.net)

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

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