A purple ribbon with text

Description automatically generated with low confidence

\*Please complete the below referral form with as much information as possible. \*

|  |
| --- |
| **Referrer’s Details:** |
| Date : |
| Referring Agency: |
| Referrer’s name :  Position/Role Within agency :  Contact Number:  Email address:  Address (if possible): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clients Details:** | | | |
| **Name:**  **Address:** | | **DOB:** | **Ethnicity:** |
| **Gender: Sexuality: Disability:** | | | |
| **Safe Numbers (required)** | Home: | Mobile: | Email: |
| **Preferred Method of Contact:**  **Safe to Text: Y/N**  **Safe to leave message: Y/N** | | | |
| Recourse to funds/ Immigration status: | | | |
| **Language:**  Interpreter required: Y/N | | | |

|  |  |
| --- | --- |
| **Alleged Perpetrator 1:** | |
| Forename | Surname |
| DOB | Gender |
| Address  Postcode |  |

|  |  |
| --- | --- |
| **Alleged Perpetrator 2:** |  |
| Forename | Surname |
| DOB | Gender |
| Address  Postcode |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child / Children’s Details:** | | | | |
| Name (s) | Date of Birth | Address | Gender | School(if  known) |
|  |  |  | M/F |  |
|  |  |  | M/F |  |
|  |  |  | M/F |  |
|  |  |  | M/F |  |
| Is there current children’s services involvement? (Give names, contact numbers, etc): | | | | |

|  |
| --- |
| **Reason for Referral:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Type of abuse identified:** | | |
| Domestic Violence | Sexual Violence (Non domestic) | Honour-based violence |
| Stalking/Harassment | Sexual Exploitation | Forced Marriage |
| FGM | Other (please state): | |

|  |  |
| --- | --- |
| **Information of additional support needs** | **Tick boxes that apply:** |
| Substance misuse: | Yes                No             Don’t know |
| Mental health issues: | Yes                No             Don’t know |
| Physical health, disabilities: | Yes                No             Don’t know |
| Learning difficulties: | Yes                No             Don’t know |
| Anger management: | Yes                No             Don’t know |
| Immigration issues: | Yes                No             Don’t know |
| Self-harm / attempted suicide: | Yes                No             Don’t know |
| Life/basic skills: | Yes                No             Don’t know |
| Evictions from any previous accommodation: | Yes                No             Don’t know |
| Any other info on support needs: |  |

**Please confirm that client has consented to referral (please note that consent must be sought):**

**Verbal consent Signed consent: ………………………………………**

**(please tick):**

Date:

Email completed referral to: referrals@valedas.org