

**REFERRAL FORM**

**WANDSWORTH SAFETY NET**

**PLEASE SEND THE COMPLETED REFERRAL FORM AND A COMPLETED SAFELIVES DASH RISK ASSESSMENT**

**IF YOU HAVE COMPLETED ONE WITH YOUR CLIENT TO:**

**vs.wandsworth@victimsupport.cjsm.net** / **wandsworthsafetynet@victimsupport.org.uk**

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| **Please enter your name and contact details:** |
| Referral agency |  |
| Referrer’s name |  |
| Role/ Job title |  |
| Contact number  |  |
| Contact email |  |

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| **Client details & contact information:** |
| First name |  |
| Last name |  |
| Other names |  |
| What do they like to be called |  |
| DOB |  |
| Current address |  |
| Consent to make referral? | Yes ☐ No ☐ Don’t know ☐  |
| Safe address to write to? | Yes ☐ No ☐ Don’t know ☐  |
| Is the perpetrator known to the client? |  |
| Does the perpetrator live at this address? | Yes ☐ No ☐ Don’t know ☐  |
| Phone number |  | Safe to contact? ☐  |
| Email address |  | Safe to contact? ☐  |
| Safe time to contact client? |  |

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| **Domestic violence & risk:** |
| Has the client disclosed domestic violence/abuse? | Yes ☐ No ☐  |
| Has a SafeLives Dash risk assessment been completed? | Yes ☐ No ☐  | If yes, what risk level?: |
| Risk nominal: Standard or High  | Standard ☐ High ☐  |
| If high has a referral been made to MARAC? | Yes ☐ No ☐  | If yes, when?: |

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| **Accessibility requirements:** |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes ☐ No ☐ Don’t know ☐  | If yes, please provide details: |
| Does this client require an interpreter? | Yes ☐ No ☐ Don’t know ☐  | If yes, please provide details: |
| **Support needs & additional details:** |
| Please tell us about any support needs the client may have: |
| Mental health ☐Physical health ☐  | Substance misuse ☐Offending ☐  |
| Additional details: |
| Please include details of any other professionals involved |

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| **Children & dependents:** |
| Is the client pregnant? | Yes ☐ No ☐  | If yes, please provide due date: |
| Does the client have any children or dependents? | Yes ☐ No ☐ | If yes, please provide details: |
| Living arrangements and address (if different from client details above) |  |  |
| **IF A CHILD IS INVOLVED, ENSURE A REFERRAL IS MADE TO MASH: 020 8871 6622**  |
| Police only:Merlin completed?PAC number | Yes ☐ No ☐ If yes, please provide PAC reference: |
| Other agencies: Safeguarding referral completed? Date of referral  | Yes ☐ No ☐ If yes, please provide date of referral and details of Social Worker: |

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| **Incident & perpetrator details:** |
| Date of last incident |  |
| Details of last incident |  |
| Are Police involved? | Yes ☐ No ☐ Don’t know ☐  |
| Police Officer’s details,if known |  |
| Perpetrator’s name |  |
| DOB |  |
| Relationship to client |  |
| Address |  |

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| **Significant concerns flag:**  |
| **(For example: staff safety issues/ serial or repeat perpetrator/ HBV/ suicide or self-harm concerns/ known To MARAC)** |
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| **Equality, diversity & inclusion monitoring:** |
| How would the client describe their gender? | Female ☐ Male ☐In another way ☐Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do they consider themselves to have a disability?(Please tick any that apply)  | Physical ☐Learning ☐Mental health ☐Deaf / hearing impaired ☐Blind / visually impaired ☐Something else ☐Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know ☐ |
| What is their sexual orientation?(Tick one option) | Heterosexual/ straight ☐Gay woman/ Lesbian ☐Gay man ☐Bisexual ☐Something else ☐Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know ☐ |
| What is their relationship status?(Tick one option) | Civil partnership ☐Married ☐Divorced ☐Separated ☐Cohabiting but not married/ CP ☐In a relationship (not cohabiting) ☐Widowed ☐Single ☐ |
| How would they describe their ethnicity? |
| White British ☐White Irish ☐☐Any other White background ☐Asian British ☐Asian Indian ☐Asian Pakistani ☐Asian Bangladeshi ☐Any other Asian background ☐Chinese ☐Arab ☐ | White and Black Caribbean ☐White and Black African ☐White and Asian ☐Any other mixed / multiple background ☐Black British ☐Black African ☐Black Caribbean ☐Any other Black background ☐Other ☐Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know ☐ |
| Do they practice a faith/ religion? |
| No religion ☐Bahai ☐Buddhist ☐Christian ☐Hindu ☐Jewish ☐Jain ☐ | Muslim ☐Shinto ☐Sikh ☐Zoroastrian ☐Other ☐Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know ☐ |