

**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**](mailto:vs.wandsworth@victimsupport.cjsm.net) / [**wandsworthsafetynet@victimsupport.org.uk**](mailto: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 ☐ |