Safe in Salford: Domestic Abuse Support Referral form

Referral criteria: A support service for women who have experienced domestic abuse, who are no longer in the abusive relationship, and consider themselves safe.

**Completed referral forms can be sent to** referrals@safeinsalford.org.uk

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| **Please mark (X) in ONE service you are referring into:** please ensure you have read the services information booklet to choose the most appropriate service: |
| **Group Work\*** |  | **1-2-1 support**  |  |

\*Please Note the group programme is for those who have left the abusive relationship

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| **Referrer Name:** |  | **Referral****Date:** |  |
| **Agency:** |  |
| **Referrer Email:** |  |
| **Referrer Contact Number:** |  |
| **Name of Service User:** |  | **DOB:** |  |
| **Current address:** |  |  **Safe to contact at this address?** |  |
| **Contact Number:** |  | **Safe to contact?** (call, text, leave a message, email) |  |
| **Email Address:** |  |
| **Children Services involvement?** | Y/N  | **Level of involvement (CP, TAC ):** |  |
| **Social worker contact details:** |   |
| ***CONSENT:*** Please note that the service user must consent to all statements below for us to process the referral |
| Has the service user consented to a referral into Safe in Salford? |  |
| Has the service user agreed that Safe in Salford can contact them directly? |  |
| Has the service user agreed that you can share their information with Safe in Salford? |  |
| **Ethnicity:** |  | **First Language:** |  |
| **Sexuality :** |  | **Gender:** |  |
| **Religion:** |  | **Number of dependent children:** |  |
|  |
| **Reason for referral:** (Please provide relevant and up to date information about current support needs. Last incident/how long domestic abuse has been going on/police involvement and any outcomes/legal issues) |
| **Physical** |  | **Emotional & Psychological** |  | **Economic** |  | **Sexual** |  | **Coercive and Controlling** |  |
|  |
| **Has the service user safely separated from the abusive relationship?** |  | **Has the service user been referred to MARAC?** |  |
| **Alleged Perpetrators Details**(Name & Address) |  |
| **Are there any restraining orders, non-molestation orders or bail conditions in place?**  |  |
| **ADDITIONAL VULNERABILITIES:** |
| Issues regarding homelessness |  | BAME needs e.g. language/ dishonour based abuse/FGM  |  | Disability (please state): |  | Substance misuse - alcohol |  |
| Living with the perpetrator |  | Children: contact /CSS involvement |  | Physical ill-health  |  | Substance misuse - drugs |  |
| Risk from perpetrator/ other people: |  | Pregnant |  | Mental health needs |  | Self-harm / attempted suicide  |  |
| LGBT needs : |  | Child offence/ conviction  |  | History of violence / arson |  | Gang involvement |  |
| Housing/Resettlement needs? |  | Please provide any extra information here: |  |
| **Other agencies involved:**  |
| Name & agency | Contact |
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