



Professional Referral Form

PLEASE NOTE: We are unable to accept any referrals without a DASH

Completed referrals should be sent to the corresponding area's email address. For CJSM users, referrals can be sent securely via the CJSM email addresses. Please note general mailbox addresses are not secure.

<p>Outreach/group work - Bracknell area:</p> <p>Bracknell@bwaid.org.uk (please note this email address is not secure)</p> <p>Bracknell.Outreach@bwaid.cjsm.net (for CJSM users)</p>	<p>Outreach/group work Reading area:</p> <p>Reading@bwaid.org.uk (please note this email address is not secure)</p> <p>Reading.Outreach@bwaid.cjsm.net (for CJSM users)</p>
<p>Family Choices (Reading):</p> <p>FamilyChoices@bwaid.org.uk (please note this email address is not secure)</p> <p>Family.Choices@bwaid.cjsm.net (for CJSM users)</p>	<p>Children's Work (Reading):</p> <p>CYPT@bwaid.org.uk (please note this email address is not secure)</p> <p>BWA.CYPT@bwaid.cjsm.net (for CJSM users)</p>

Service required: please indicate clearly and complete the relevant section of referral

Refuge referrals should be made directly via the BWA Helpline: 01189 504003

Outreach (PART A & B)		Group work for female survivors (PART A & B)	
Family Choices: survivor and perpetrator programme; Reading only (PART A & B)		Referral for children's work: Reading only (PART B & C)	

<p>For Family Choices Referrals Only:</p> <p>Has the perpetrator consented to work with BWA?</p> <p>YES NO</p>	<p>For Family Choices Referrals Only:</p> <p>Has the perpetrator acknowledged the abuse and demonstrated a desire to change?</p> <p>YES NO</p>
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PART A

Referring Agency Details

Referring Agency Name/Department:	Referrer's Name/Contact details (telephone & email)
Has the client consented to this referral being made: YES	NO
Date of referral:	

Client Details

Title:	Nationality:	
First name:	Ethnicity:	
Surname:	Language:	
Date of birth:	Marital status:	
Client address: Postcode: Do the victim and perpetrator live together? YES NO	Safe contact details: Safe time to call: Is it safe for BWA to leave voicemail messages? Please consider whether the perpetrator checks the client's phone and provide any relevant information YES NO	
Gender:	Sexuality:	Employment: e.g. full time/part time
Pregnant: YES NO	Due date:	Does the client require support around immigration? YES NO
Does the client consider themselves to have a disability? YES NO		
If yes please state what the disability is:		

Current housing situation (please tick)	
Joint council housing	<input type="checkbox"/>
Single council housing	<input type="checkbox"/>
Joint housing association	<input type="checkbox"/>
Single housing association	<input type="checkbox"/>
Single private rented	<input type="checkbox"/>
Joint private rented	<input type="checkbox"/>
Single owner	<input type="checkbox"/>
Joint owner	<input type="checkbox"/>
Living with family and friends	<input type="checkbox"/>
Refuge	<input type="checkbox"/>
Temp accommodation	<input type="checkbox"/>
Other	<input type="checkbox"/>
Current drug use YES NO Details:	Current alcohol use YES NO Details:
Are there any mental health conditions YES NO Details:	Diagnosed? YES NO Details:
Does the client have a history of violence? YES NO Details:	Does the client have a criminal record? YES NO Details:
Are any other professionals working with the client/family? If yes, please give details:	

Please tick as appropriate below, the 15 high risk factors of serious harm and homicide in domestic abuse							
Victim fears harm <input type="checkbox"/>	Separation (recent) <input type="checkbox"/>	Victim is pregnant <input type="checkbox"/>	Abuse is escalating <input type="checkbox"/>	Victim is isolated <input type="checkbox"/>	Victim being stalked <input type="checkbox"/>	Sexual assault <input type="checkbox"/>	Attempts to strangle <input type="checkbox"/>
Threats to kill <input type="checkbox"/>	Use of weapons <input type="checkbox"/>	Controlling behaviour <input type="checkbox"/>	Child abuse <input type="checkbox"/>	Animal abuse <input type="checkbox"/>	Complex needs <input type="checkbox"/>	Suicide – homicide <input type="checkbox"/>	Total ticks?

Reason for referral

Please include date and details of most recent incident, length of time abuse has been present, how many previous incidents and brief history of abuse. **Please note this information may be discussed with the client so please indicate clearly if any information provided in the referral cannot be shared.**

Perpetrator Details

First name:		Surname:	
Address:			
Postcode:			
Contact details:			
Date of birth:	Gender:	Ethnicity:	Employment status:
Drug use: YES NO	Seeking help: YES NO	Alcohol use: YES NO	Seeking help: YES NO
Any disabilities? YES NO	If yes, please describe:		
Are there any mental health conditions? YES NO	If yes, please describe:		
Fluent in English: YES NO	First language if not English:		
How many previous incidents/criminal convictions?	Any ongoing investigations or outstanding/anticipated court hearings:		
Any actions taken by police, if applicable:	Perpetrator's relationship to client e.g. current partner, ex partner, parent:		

PART B

Children Details

Children's names	Address (if different from survivor)	Gender	DOB	Is this child being referred for children's work?	Name of child's school – This must be completed for referrals to Children's Group Work (Reading)

Any additional needs:

Are the children known to Children's Services? YES NO

CP Date of ICPC/next RCPC Date of next Core Group

CIN Date of next CIN meeting

TAC Date of next TAC meeting

Named worker:

Contact details:

For referrals to our Children's Work, please complete PART C of this referral form on the next page

PART C: Children's Work referral

Please note that BWA will approach individuals who hold parental responsibility for the children to confirm consent, unless indicated that it is unsafe to do so. Please complete the following section carefully and include information relevant to risk.

Primary parent/guardian details

First name:	Surname:
Address: Postcode:	Contact details:
Relationship to child	
Does this person have parental responsibility?	YES NO
Has this person given consent for the children's work referral? (must be obtained prior to referral)	YES NO
Has this person been identified as a perpetrator of abuse?	YES NO
If yes, please indicate whether it is safe for BWA to approach this person for consent:	Details:

Secondary parent/guardian details

First name:	Surname:
Address: Postcode:	Contact details:
Relationship to child	
Does this person have parental responsibility?	YES NO
Has this person given consent for the children's work referral? If no, state why	YES NO
Has this person been identified as a perpetrator of abuse?	YES NO
If yes, please indicate whether it is safe for BWA to approach this person for consent:	Details:

Other significant adults

Please provide details of any other significant adults in the child's life:

Name	Address (if different from child)	Relationship to child	Does this person pose a risk to the child?

Reason for referral

Has child witnessed abuse YES NO If yes what type:
Please describe the presenting issues for the children and the reason for a referral to Children's Work:
Has child contact been identified as a risk? If yes, please give details: