**Professional Referral Form: 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.

|  |  |
| --- | --- |
| **Outreach/Addison Project/group work** **Bracknell area:**Bracknell@bwaid.org.uk (please note this email address is not secure)Bracknell.Outreach@bwaid.cjsm.net (for CJSM users) | **Outreach/Addison Project/group work** **Reading area:**Reading@bwaid.org.uk (please note this email address is not secure)Reading.Outreach@bwaid.cjsm.net (for CJSM users) |
| **Outreach/Addison Project** **West Berkshire area:**WestBerks@bwaid.org.uk (please note this email address is not secure)WestBerks.Outreach@bwaid.cjsm.net (for CJSM users) | **Children and Young People’s Work (Reading):**CYPT@bwaid.org.uk (please note this email address is not secure)BWA.CYPT@bwaid.cjsm.net (for CJSM users) |
| **Aim for Change (Reading):**aimforchange@bwaid.org.uk (please note this email address is not secure)aimfor.change@bwaid.cjsm.net (for CJSM users) | **Refuge Referrals**Helpdesk@bwaid.org.uk (please note this email address is not secure)0808 801 0882 |

1. **Service required: please tick and complete relevant parts (A,B,C) of referral form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outreach:** Reading, Bracknell and West Berkshire**(PARTS A & B)** |  | **Addison Project: male survivors** Reading, Bracknell and West Berkshire**(PARTS A & B)** |  |
| **Refuge****(PARTS A & B)** |  | **Aim for Change:** survivor and perpetrator programme; Reading only**(PARTS A & B)** |  |
| **Group work for female survivors:** Reading and Bracknell**(PARTS A & B)** |  | **Referral for children’s work:**Reading only**(PARTS B & C)** |  |

1. **Referring Agency Details**

|  |  |
| --- | --- |
| Referrer’s Name/Contact details (telephone & email) | Referring Agency Name/Department: |
| Have the client/s consented to this referral (all referrals must be made with consent): YES / NO | Date of referral: |

**PART A: Client (Survivor) Details**

|  |  |
| --- | --- |
| Title: | Nationality: |
| First name: | Ethnicity: |
| Surname: | Language: |
| Date of birth: | Religion:  |
| Disability (please provide details): YES/NO  | Marital status:  |
| Sex: | Sexual orientation: | Immigration status: |
| Pregnant: YES/NO | Due date: | Employment: e.g. full time/part time |
|  |  |  |
| Client address:Postcode:Do the survivor and perpetrator live together? YES/NO | Safe contact details:Safe time to call: Is it safe for BWA to leave voicemail messages? YES/NO**Does the perpetrator check the client’s phone? Please provide any relevant information:**YES/NO |
| **Current drug use YES/NO**Details: | **Current alcohol use YES/NO**Details: |
| **Are there any mental health conditions YES/NO**Details: | **Diagnosed? YES/NO** |
| **Current housing situation (please tick)**Joint council housing [ ]  Single council housing [ ] Joint housing association [ ] Single housing association [ ] Single private rented [ ] Joint private rented [ ]  Single owner [ ] Joint owner [ ] Living with family and friends [ ]  Refuge [ ] Temp accommodation [ ] Other [ ]  Please specify:  |
| **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**:** |
|

|  |
| --- |
| **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.**  |

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|  |

**Perpetrator Details**

|  |  |
| --- | --- |
|  Full name: |  Date of birth: |
| Address: Postcode: Contact details: |
| Sex: | Ethnicity: | Nationality: | Employment status/occupation: |
| 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: |
| Does the perpetrator have any criminal convictions? Please provide details. | Any ongoing police investigations or anticipated court hearings: |
| Orders in place e.g. bail conditions, restraining order, non-molestation order: | Perpetrator’s relationship to client e.g. current partner, ex partner, parent: |

**PART B: Children Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children’s names** | **Address (if different from survivor)** | **Sex** | **DOB** | **Is this child being referred for children’s work?** | **Name of child’s school –** This must be completed for referrals to Children and Young People Team. |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
|  |  |  |  | Choose an item. |  |
| **Any additional needs:** |
| **Are the children known to Children’s Services? YES/NO**Assessment [ ] 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:* |

**PART C: Children and Young People’s Work referral**

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| --- |
| **Expect Respect:** [ ] BWA are advocates of the Women’s Aid Expect Respect programme. Using this programme, we run sessions on healthy relationships with children and young people aged five and over. We work with children and young people who have experienced domestic abuse, with age appropriate activities that are designed to be fun and engaging. Our team of specialist workers support children and young people to resolve conflicts, safety plan and enhance their self-esteem tackling issues of domestic abuse in a safe and contained way.This programme works with children aged 5-17.  |
| **Domestic Abuse Recovery Together (DART):** [ ] DART is a 10-week group work programme for a child and their mother who have experienced domestic abuse. The focus is on enhancing the mother/child relationship and helping them overcome the adverse effects of abuse. Together women and children will share their experiences, talk about their feelings, learn more about domestic abuse and keeping safe.This programme is for children aged 7 – 14, and mothers who have experienced domestic abuse. The perpetrator must not be living in the home and referrals are for one child per parent.  |

**Primary parent/guardian details**

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.

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

**Secondary parent/guardian details**

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

**Other significant adults**

**Please provide details of any other significant adults in the child/young person’s life:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address (if different from child/young person)** | **Relationship to child/young person** | **Does this person pose a risk to the child/young person?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for referral**

|  |
| --- |
| Has child/young person witnessed abuse YES/NO If yes what type: |
| Please describe the presenting issues for the children/young people and the reason for a referral to Children and Young People’s Work: |
| Has child contact been identified as a risk? If yes, please give details: |