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](mailto: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:** | | | | | | | | | | |  | | | | | | | |
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| **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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