**Richmond and Wandsworth Independent Domestic Abuse Advocacy**

**Referral form**

**By**

A pink logo with a hand and text

Description automatically generated with medium confidence

To make a referral, please call the central duty line on 0203 879 3544, or

email us on Richmondwandsworth@refuge.org.uk or [richmond.advocacyteam@refuge.cjsm.net](mailto:richmond.advocacyteam@refuge.cjsm.net)

Our service aims to contact all newly referred clients within 24 hours or the next working day

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Referral** | Click or tap to enter a date. | | |
| **Name of referring agency** | Click or tap here to enter text. | | |
| **Referrer’s name** | Click or tap here to enter text. | | |
| **Referrer’s job title** | Click or tap here to enter text. | **Contact number and email address** | Click or tap here to enter text. |
| **Has the service user / survivor consented to this referral?** If not, please provide a reason:  **Yes  No**  By submitting this referral, you confirm that the client has given their informed consent and understands that their data will be processed securely in line with GDPR and the Data Protection Act.  Referrals without consent cannot be processed. Please call our local referral line on 0203 879 3544 for advice | | | |

**Survivor Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Survivor**  **Including Preferred Pronouns** | Click or tap here to enter text. | **D.O.B.** | Click or tap to enter a date. |
| **Survivor’s**  **Home Address:** |  | | |
| **Address where the survivor is currently residing (if different from home address)** |  | | |
| **Is it safe to call, text or leave voicemail for client?**  **Please select the checkboxes**  (Please detail safe arrangements including **safe times to contact**) | Safe to Call  Safe to Text  Safe to Leave Voicemail  Safe to Email | **Client Phone Number:**  **Client Email Address:** | Click or tap here to enter text. |
| **Gender** | Choose an item. | **Sexual orientation** | Choose an item. |
| **Nationality** | Choose an item.   Click or tap here to enter text. | **Religion** | Choose an item.  Click or tap here to enter text. |
| **Ethnicity** | Choose an item. | **Immigration status**  **Does the client have recourse to public funds?** | Click or tap here to enter text.  **Yes  No**  **Unknown** |
| **Preferred language** | Click or tap here to enter text. | **Is an interpreter required (including BSL interpreter)?** | **Yes  No**  Click or tap here to enter text. |
| **Deaf, Disability or Mental Health needs**  **Please provide details** | Click or tap here to enter text. | **Is client pregnant?**  **Estimated Due Date (if known)** | **Yes  No**  Click or tap here to enter text. |
| **Support agencies involved.**  **Please provide details, if known** | Click or tap here to enter text.  Click or tap here to enter text. | | |

|  |
| --- |
| **Please provide**   * **reasons for this referral (including details of the abuse and the most recent incident)** * **what kind of support is required** * **Any other relevant information**   Click or tap here to enter text. |

**Alleged Perpetrators Details**

|  |  |
| --- | --- |
| **Alleged Perpetrator’s Name** | Click or tap here to enter text. |
| **Alleged Perpetrator’s DOB** | Click or tap here to enter text. |
| **Alleged Perpetrator’s Gender** | Click or tap here to enter text. |
| **Alleged Perpetrator’s Address** | Click or tap here to enter text. |
| **Relationship to Service User/Survivor** | Click or tap here to enter text. |
| **Alleged Perpetrator’s Occupation** | Click or tap here to enter text. |

**Children’s Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Children/ dependents’ names** | **D.O.B**  **\*Include pregnancy Estimated Date of Delivery** | **M/F** | **Where do the children currently live?** | **Relationship to perpetrator?** | **Is there current involvement with social services?**  (Please provide name of social worker if known) | **Deaf, disability or health needs** |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Please email your referral to

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