| **Date of referral**  |  |
| --- | --- |
| Referrer  | Role / Organisation | Telephone Number | Email Address |
|  |  |  |  |

| **Support requested** | **Y/N** |
| --- | --- |
| **(Victim/Survivor) Safety planning** – addressing immediate risk of harm as result of current abuse  |  |
| **Perpetrator programme -**  behaviour change programme for perpetrators who acknowledge some abusive behaviour |  |

**If referring a victim/survivor for support please DO NOT inform the perpetrator, as this may put the victim/survivor and others at greater risk of harm**

**For referral to the perpetrator programme please ensure that you read the** [**guidance**](https://docs.google.com/document/d/1n6H36N--TBHjQLVZxj7BBQ40F1WVOuOliOuXyPK3BWQ/edit?usp=sharing) **first.**

|  | **Victim/Survivor** | **Perpetrator** |
| --- | --- | --- |
| Name |  |  |
| Date of birth |  |  |
| Address and tenancy/housing status |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |

 |
| Telephone/email.*Safest way to contact?* |  |  |
| Gender  |  |  |
| Ethnicity |  |  |
| Language |  |  |
| In an interpreter needed? |  |  |
| Religion |  |  |
| Sexual orientation |  |  |
| Vulnerabilities *e.g. Homelessness, pregnancy, mental health, physical disability, learning disability, long-term illness, substance/alcohol misuse, sex work, NRPF, literacy, older person, under 18* |  |  |
| Criminal history *e.g. convictions, arrests, cautions, bail conditions* |  |  |
| Aware of referral? |  |  |
| Have they consented to being referred? |  |  |

| **Child(ren) - include adult children and unborn children and their estimated delivery date** |
| --- |
| Forename(s) | Surname(s) | DOB / EDD | Gender | Lives with whom  |
|  |  |  |  |  |
| Adults +/ Children’s Social Care involvement?: | Which service(s) / area(s)?: | If referrer is not from Children and Family Services, have they been notified (where applicable)? |
|  |  |  |
| If Children’s Social Care involvement, current and planned social care status? |  |

| Relationship between victim/survivor and perpetrator |  |
| --- | --- |
| Most recent incident of domestic abuse (date and what happened)*Include crime reference number (if applicable), dates, etc* |  |
| Details of domestic abuse/List all known abusive behaviour*Include crime reference numbers (if applicable), dates, etc*  |  |
| Concerns regarding risk to professionals |  |

| **What agencies are involved with the victim / perpetrator / child(ren)? (add more rows if needed)** |
| --- |
| Agency | Contact Person | Role | Telephone Number | Email Address |
|  |  |  |  |  |
|  |  |  |  |  |