**Leeds Domestic Violence Service**

**Agency Referral Form**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible.

We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**How to submit this referral:**

Please email this form to: ldvs.referrals@lwa.cjsm.net via secure email.

*If you do not have a secure email account, please contact our Helpline to discuss alternative secure referral methods:* **0113 246 0401**

**Eligibility criteria for this service:**

**Please be sure to check that the client meets the following criteria before making the referral:**

* Client is experiencing / fleeing domestic violence or abuse including Coercive Control, Stalking, Honour-based Violence, Forced Marriage, FGM.

The IDVA Service can support clients living outside of Leeds if the incident took place in Leeds. Refuge will accept referrals from across the UK. For all other services clients must reside in Leeds to be eligible for support.

**Accompanying documents:**

Please attach the following documents to this referral, if completed:

Safe Lives DASH / MARAC Paperwork

**\*\* Please complete all sections of this form to enable the referral to be processed as quickly as possible\*\***

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact the **Access & Assessment Team on 0113 246 0401**

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| 1. **Information about the person making the referral**
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|  |
| Date of referral: |  |
| **Please indicate which service you’d like to refer to:** | **Refuge** **Community based support** (e.g. IDVA, Community DV Team, Support Group) |
|  |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name / address |  |
| Role / job title |  |
| Contact number  |  |
| Contact email |  |

**Information about the person you are referring:**

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| --- |
| **Contact information**  |
| First name  |  | Date of Birth |  |
| Surname / last name |  |
| Other names i.e. birth name, alias’s |  |
| Pronouns  | She/Her He/Him They/Them Other (please specify):  |
| What do they prefer to be called? |  |
|  |
| **Consent** |
| Has the client given their consent for this referral to be made? ***\*We are unable to accept the referral if the person has not given their consent.*** | ***Yes / No***  |
| Has a DASH form been completed? | Yes / No | Score | Please provide a copy of your completed DASH with this referral.  |
| Has the client been referred to MARAC? | Yes / No | If yes, who referred, date & county |  |
| Current address |  |
| Does the alleged perpetrator(s) live at this address? |  |
| Type of property | Local Authority | Housing Association | Owner / occupier |
| Temp. Accom | Family / friends | Refuge / Hostel |
| Other – please specify: |

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| **Client’s telephone / email information** |
|  |
| Contact telephone number |  |
| Is it safe to call them? | Yes No Don’t Know |
| Are there specific safe times to call?  |  |
| Will they answer a withheld number? | Yes No Don’t Know  |
| Is it safe to leave a message? | Yes No Don’t Know |
| Is it safe to write to the client? | Yes No Don’t Know |
| Email address: |  |
| Is it safe to send an email? |  |
| Any other information we should be aware of relating to their address or contacting them safely? |  |

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| **Emergency Contact – who can we contact in an emergency?** |
| Name  |  |
| Relationship |  |
| Contact information |  |
| **Referrals to refuge only:** |
| Has the client stayed in refuge before  | Yes / No | If so, which refuge? |  | Date:  |
| Reason for leaving that refuge |  |

1. **Children**

|  |  |
| --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** |  |
| Name | DOB | Residing with client | Relationship to perpetrator |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
| Are Social Care involved in this case? *(Please give details)* | Prompt: what level of assessment at moment (CIN/CAFA/client suspect not allowed child contact) |
| Name & contact details of social worker *(if relevant)* |  |

1. **Reason for Referral**

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| **Why are you making this referral – how could this client benefit from our support?** |
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| **Please give a brief summary of the Domestic Violence and/or abuse?**  |
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| **Client risk to others** |
|  | **Details** |
| Has there been any violent or aggressive behaviour to anyone else? | **YES / NO** |  |
| Has there been any violent or aggressive behaviour towards professionals?  | **YES / NO** |  |
| Are there any criminal convictions / offending history? | **YES / NO** |  |
| Are there any warning markers | **YES / NO** |  |
| Are there any other risks?Prompt: have you ever had an injunction taken out against you? (PSO/NMO/DVPO) | **YES / NO**  |  |
|  |
| **Are there any other agencies working with this client, please provide details**  |
| **Agency**  | **Name** | **Tel / email** |
| *Example Adult Safeguarding*  |  |  |
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1. **Alleged Suspect/s**

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| **Information about the alleged suspect(s), if known:** |
| A suspect can be a current intimate partner, an ex-intimate partner and/or a family member.  |
| Name |  |
| Gender | Female ☐ Male ☐ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| Ethnicity |  |
| Has the incident been reported to the police? *details* |  |
| If so are you aware if the alleged suspect has been arrested, charged?Include details of any bail conditions you are aware of. |  |
| ***If there is more than one alleged suspect, please provide additional details in the box below:*** |
|  |
| **Suspect(s) risk to others** |
|  | **Details** |
| Has there been any violent or aggressive behaviour to anyone else? | **YES / NO** |  |
| Has there been any violent or aggressive behaviour towards professionals?  | **YES / NO** |  |
| Are there any criminal convictions / offending history? | **YES / NO** |  |
| Are there any warning markers | **YES / NO** |  |
| Are there any other risks? | **YES / NO**  |  |
|  |

1. **Accessibility requirements**

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| --- | --- |
| Does this client require an interpreter? | Yes ☐ No☐ *If yes, please state which language:* |
| Does this client have any accessibility requirements  | Yes ☐ No☐ Don’t Know ☐*If yes, please provide details:* |
| What is this client’s nationality? |  |
| What is their immigration status?*Please provide details*  |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes ☐ No ☐ Don’t know ☐ |

1. **Equalities monitoring**

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| --- | --- |
| How would this client describe their gender? | Female ☐ Male ☐ Other (please describe): |
| Is their current gender different to the sex they were assigned at birth? | Yes ☐ No ☐ Don’t know ☐ |
| Do they consider themselves to have any kind of disability? (please tick any that apply) | Physical ☐ Learning ☐ Mental Health ☐Deaf/ hearing impaired ☐ Blind/ visually impaired ☐Long term health condition – give detailsSomething else – give detailsDon’t Know ☐ |
| How would they describe their ethnicity? | White British ☐ White Irish ☐ White Gypsy or Irish Traveller ☐Any other White background (specify) Asian Indian ☐ Asian Pakistani ☐ Asian Bangladeshi ☐Any other Asian background (specify)Chinese ☐ Arab ☐White and Black Caribbean ☐ White and Black African ☐White and Asian ☐Any other mixed/ multiple background ☐Black African ☐ Black Caribbean ☐Any other Black background ☐Other (please specify): |
| Do they have a faith/ religion? | No religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Don’t Know ☐ Other (specify): |
| What is their relationship status?(tick one option) | Single ☐ Married ☐ Cohabiting but not married/ CP ☐Civil partnership ☐ Divorced ☐ Separated ☐ In a relationship (not cohabiting) ☐ Widowed ☐  |
| What is their sexual orientation?(tick one option) | Heterosexual/ straight ☐ Gay woman/ Lesbian ☐Gay man ☐ Bisexual ☐ Don’t Know ☐ Other: |
| Are they pregnant? | Yes ☐ When is EDD? No ☐ Don’t know ☐  |
| Economic Status*details* |  |

1. **Client support needs**

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| --- | --- |
| ***Please tell us more about any support needs the client may have:*** |  |
| ***Please tell us more about any additional vulnerabilities and/or complex needs:*** | Mental Health ☐Physical Health ☐ Substance Misuse ☐ |
| **Details:** |
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1. **Additional information**

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| --- |
| **Any other information you feel may be relevant to this referral**  |
|  |

*Thanks for taking the time to complete this referral.*

*To submit your completed document, please email to* *ldvs.referrals@lwa.cjsm.net*

*Before you send the referral, please check that your referral meets the criteria set out on the first page of this document, and that any relevant additional materials i.e.: Safe Lives DASH / MARAC paperwork are attached.*

*If you have any queries, please contact the Access & Assessment Team on 0113 246 0401.*