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| **Guidance Notes**  Please give as much information as possible when completing the referral form as it enables My Sisters’ House to make informed decisions regarding any referrals made to the organisation.  **Details of Referrer – please include your email address**  Wherever possible please involve your client in completing this referral form to ensure that areas are covered as fully as possible. If a woman has not been involved in the completion of the referral form, can you please indicate this, noting any reason for this. Women **must** **be aware** that you are referring her to the service, and she **must want** to be referred.  **Details of Woman Requiring Support**  Please pay particular attention to contact details for the woman to help minimise risks to her safety. Include her email address if safe. There may be days or times that it is unsafe to call her. Please indicate this on the form  If it is unsafe to correspond at her home address, please indicate if correspondence may be sent via your agency or to an alternative address.  **Children’s Details**  Please indicate if children are subject to a Child Protection Plan or are defined as “in Need” and their social worker’s details if known. Please give any additional information regarding children on the “Further Information” section of the form.  **Reason for Referral to Service**  This section aims to identify areas where women feel that they may require support. However, it is not exhaustive and other reasons for referral / support needs may be given in this section. Please continue the “Further Information” section.  **Perpetrators Details**  Please give as much information as possible as this section will help to inform our lone working risk assessments.  **Referral Summary Sheet**  Please use this section to highlight key issues relating to the woman’s individual experience of domestic abuse.  **Return Address for all referrals:**  Private & Confidential, My Sisters’ House, Bognor Regis Office; 108c London Road, Bognor Regis, West Sussex, PO21 1BD.  Please phone on 01243 697800 if the referral is urgent.  Email to confidential email : [office@mysistershouse.info](mailto:office@mysistershouse.info) |

My Sisters’ House Referral Form

**Date of Referral**

**Referral taken by**

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| Details of Referrer | | | | | |
| **Name** |  | | **Position** |  | |
| **Agency and**  **address** |  | | **Contact number** |  | |
| **Is the woman aware of this referral?** | | | | |  |
| **Has the woman been involved in completing this referral form?** | | | | |  |
| Details of woman requiring support | | | | | |
| Name |  | Current Address:  Postcode: | | | |
| D.O.B. |  |
| Client Reference Number |  |
| Safe contact details - | Mobile-  Home / other -  Email- | Safe to correspond? | | | |
| Any unsafe times to call? |  | If “NO” Please give a safe correspondence address *(This could be an agency address)* | | | |
| Safe to leave an answer message? |  |

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| **Ethnic Origin:**  **A.** White **1** British **2** Irish **3** Other  **B**. Mixed **4** white/black Caribbean  **5** White/Black African  **6** White Asian **7** Other  **C**. Asian or Asian British **8** Indian  **9** Pakistani **10** Bangladeshi  **11** Other  **D.** Black or Black British **12** Caribbean  **13** African **14** Other  **E.** Chinese or other ethnic group  **15** Chinese  **16** other  **F.** Traveller **G.** Refused | **Sexual Orientation**:  Heterosexual/Straight ⬜  *Only attracted to members of the opposite sex*  Lesbian ⬜  *Only attracted to other women*  Bi-sexual ⬜  *Attracted to both men and women*  Questioning ⬜  *Unsure about your sexual orientation*  Declined to answer | **Gender:**  Female  Is your birth gender different from your gender now?  No ⬜  Declined to answer ⬜ |

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| Children’s Details | | | | | | | | | | | | | | | |
| Child’s Name | | Gender | | | DOB | | | | EO | | Child at Risk  or  Child in Need? | | | | Comments |
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| Please provide details of any other agency providing support to the family | | | | | | | | | | | | | | | |
| Agency | | | Contact details (if known) | | | | | | | | Brief details of support offered | | | | |
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| **Please provide details of any other informal Support Networks e.g. family / friends** | | | | | | | | | | | | | | | |
| Reason for referral | | | | | | | | | | | | | | | |
| **Is support needed in any of the following?** | | | | | **Yes** | | **No** | | **Comments/details** | | | | | | |
| Safety and security relating to domestic abuse.  e.g personal safety planning, sanctuary scheme, home security | | | | |  | |  | |  | | | | | | |
| Legal issues – injunction, occupation order, criminal proceedings | | | | |  | |  | |  | | | | | | |
| Housing issues / tenancy sustainment related to domestic abuse | | | | |  | |  | |  | | | | | | |
| Welfare benefits | | | | |  | |  | |  | | | | | | |
| Planning to leave /end the relationship | | | | |  | |  | |  | | | | | | |
| Crisis work / Emergency refuge or Quick move | | | | |  | |  | |  | | | | | | |
| Contact/court/child protection proceedings relating to domestic abuse | | | | |  | |  | |  | | | | | | |
| Understanding the impact of domestic abuse | | | | |  | |  | |  | | | | | | |
| Emotional support | | | | |  | |  | |  | | | | | | |
| Any other related support needs? | | | | |  | |  | |  | | | | | | |
| Any other issues which may impact on the domestic violence? *(If yes please give details)* | | | | | | | | | | | | | | | |
| ISSUE | | | | WOMAN  Yes No D/K | | | | | | PERPETRATOR  Yes No D/K | | | | | DETAILS |
| Mental Health Issues | | | |  | |  | |  | |  | |  |  | |  |
| Alcohol Issues | | | |  | |  | |  | |  | |  |  | |  |
| Substance misuse issues | | | |  | |  | |  | |  | |  |  | |  |
| Pregnancy | | | |  | |  | |  | |  | |  |  | |  |
| New birth | | | |  | |  | |  | |  | |  |  | |  |
| Isolation | | | |  | |  | |  | |  | |  |  | |  |
| Sexual abuse | | | |  | |  | |  | |  | |  |  | |  |
| Escalating violence | | | |  | |  | |  | |  | |  |  | |  |
| Recent incident | | | |  | |  | |  | |  | |  |  | |  |
| Other (please specify) e.g. disability, learning disability, cultural, language etc. | | | |  | |  | |  | |  | |  |  | |  |
| Is there a current injunction / restraining order / occupation order in place?  *(if yes give details)* | | | | | | | | | | | | | | | |
| How safe does the client feel? | | | | | | | | | | | | | | | |
| Current relationship with perpetrator: | | | | | | | | | | | | | | | |
| Perpetrators details | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | D.O.B. | | | |  | |
| Convictions / Cases Pending  **YES / NO** (*if yes please specify*) | | | | | | | | | | Current Address / Whereabouts | | | | | |
| D.V related? **YES / NO** (*give details)* | | | | | | | | | | Any issues around M/H, Alcohol or Substance misuse? (*if yes please specify*) **YES / NO** | | | | | |
| Does perp. currently have any bail conditions? **YES / NO** (*If “yes” give details)* | | | | | | | | | | Is perp. Currently on probation for d.v. offences? *(if “yes” give details)*  **YES / NO** | | | | | |
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| **Any further information relevant to the referral** | | | | | | | | | | | | | | | |