**DA BASIC REFERRAL INFORMATION**

**Initial Referral:**

Completed by: Date: Time of phone call/contact:

**Referral Source:**

Self: Professional: Other:

Details:

**Service User Details:**

Name: Gender M / F

NI No: Date of Birth

Address Accommodation Type Safe contact details

Currently living with Perpetrator? Yes 🞏 No 🞏

**Please State Your Ethnic Origin:**

Does not want to disclose Ethnic Group 🞏 Asian or Asian British Banglashi 🞏 Asian or Asian British Chinese 🞏

Asian or Asian British India 🞏 Asian or Asian British Japanese 🞏 Asian or Asian British Pakistani 🞏

Asian or Asian British African 🞏 Asian or Asian British Caribbean 🞏 Asian or Asian British Other 🞏

Black or Black British African 🞏 Black or Black British Caribbean 🞏 Black or Black British Other 🞏

White British 🞏 White European 🞏 White Other 🞏

Mixed White Asian 🞏 Mixed White & Black African 🞏 Mixed White & Black Caribbean 🞏

Mixed Other 🞏 Traveller or Irish Heritage 🞏 Gypsy/Roma 🞏

Other Ethnic Group 🞏

**Languge Spoken:**

English 🞏 Arabic 🞏 Bengali 🞏 Fasi 🞏 Filipino 🞏 French 🞏 Gujarati 🞏

Hindi 🞏 Kurdish 🞏 Mirpur 🞏 Polish 🞏 Punjabi 🞏 Romanian 🞏 Shona 🞏

Spanish 🞏 Swahili 🞏 Urdu 🞏 Other 🞏 Please specify ……………………………………

**Religion/Belief**

Church of England 🞏 Christian 🞏 Roman Catholic 🞏 Presbyterian 🞏 Baptist/Methodist 🞏

United Reformed 🞏 Brethren 🞏 Other Protestant/Christian 🞏 Islam/Muslin 🞏 Hundi 🞏

Jewish 🞏 Sikh 🞏 Buddhist 🞏 Other 🞏 No Religion 🞏

**Sexual Orientation:** Heterosexual 🞏 Bisexual 🞏 Gay man 🞏 Gay women/Lesbian 🞏

Transexual 🞏 Transgender 🞏 Other 🞏 Prefer not to say 🞏

**Pregnant** Yes 🞏 No 🞏 If yes, Due Date;

**HB Elligibility** Yes 🞏 No 🞏 Benefit Details ……………………………………………………………………..

**Immigration Status**

UK Passport: Yes 🞏 No 🞏 Other Passport (details)…………………………………………………………

When did you enter UK? ……………………………………… What type of Visa?………………………………………………………………..

DDV Applied Yes 🞏 No 🞏 Date Applied

**Children`s Details Gender DOB Disability/Health Needs**

Name M / F

Name M / F

Name M / F

Name M / F

**Other Children not with Client Gender DOB Currently living with Address if known**

Name M / F

Name M / F

Name M / F

Name M / F

**Other information required**

Any Social Care involvement? Yes 🞏 No 🞏

Are there any child protection concerns? Yes 🞏 No 🞏

If yes please specify……………………………………………………………………………………………………………………………………………………………..

Do you have any pets that need accommodating? Yes 🞏 No 🞏

**Current agency support:**

Organisation Named Worker Contact Details

**Perpetrator`s Details**

Name DOB

Address Description

Is the Perpetrator aware of Valley House Yes 🞏 No 🞏

Which areas of Coventry are you not safe in? ……………………………………………………………………………………………………………………….

**Reason for Referral:**

**Relationship to Perpetrator**

Partner 🞏 Husband 🞏 Wife 🞏 Ex-Partner 🞏 Father 🞏

Mother 🞏 Brother 🞏 Sister 🞏 Daughter 🞏 Son 🞏

Uncle 🞏 Aunt 🞏 Friend 🞏 Other 🞏

**Length of time experiencing DA**

Up to 1 year 🞏 1-5 Years 🞏 6-10 Yers 🞏 11-15 Years 🞏 16+ Years 🞏

**Type of Abuse**

Experiencing Black Magic Y / N Experiencing Cyber Abuse Y / N

Experiencing Emotional Abuse Y / N Experiencing FGM Y / N

Experiencing Financial Abuse Y / N Experiencing from Forced Marriage Y / N

Experiencing Honour Based Violence Y / N Experiencing Immigration no recourse Y / N

Experiencing Mental Abuse Y / N Experiencing Physical Abuse Y / N

Experiencing Sexual Abuse Y / N Experiencing Verbal Abuse Y / N

Experiecing Racial Abuse Y / N Experiencing Homophobic Abuse Y / N

**If yes to any of the above please provide details:**

**Is the Perpetrator accessing any programmes** Y / N

Please provide details:

**Additional Support Needs / Risks**

Substance/alcohol misues Y / N Details…………………………………………………………………………………………………..

Lerning Difficulties Y / N Details…………………………………………………………………………………………………..

Self-Harm Y / N Details…………………………………………………………………………………………………..

Physical Disabilities Y / N Details…………………………………………………………………………………………………..

Sensory Disabilities Y / N Details…………………………………………………………………………………………………..

Physical Health Y / N Details/Medication ………………………………………………………………………………

Mental Health Y / N Details/Medication ………………………………………………………………………………

Criminal History Y / N Details…………………………………………………………………………………………………..

Convictions Y / N Details…………………………………………………………………………………………………..

**Outcome**

Service User: Accepted 🞏 Declined 🞏 If Declined – reason ………………………………………………….

Valley House: Accepted 🞏 Declined 🞏 If refused – reason ………………………………………………….

**Move / Signposted**

Other Refuge 🞏 Supported Accommodation 🞏 Out of City 🞏 Housing 🞏

Other (please specify)……………………………………………………………………………………………………………………………………………….

**Recorded on CMS**

Staff Name Date