|  |
| --- |
| **PLEASE SEND COMPLETED REFERRALS TO:**  [**referrals@coventryhaven.cjsm.net**](mailto:referrals@coventryhaven.cjsm.net) |

**Referrer**

|  |  |
| --- | --- |
| Date of Referral |  |
| Name of Referrer |  |
| Job Role or Relationship  *Social Worker/Self etc* |  |
| Organisation |  |
| Address |  |
| Telephone |  |
| Email |  |
| Name and contact details of any anybody else to be included in correspondence *(eg. co-workers)* |  |

**Client Information**

|  |  |
| --- | --- |
| Client Name/s & Surname |  |
| Other/Former Names/AKA |  |
| Date of Birth |  |
| Address |  |
| Contact Telephone Number/s |  |
| Contact Email |  |
| Emergency Contact  *Name and number/s* |  |
| Current or Ex Forces |  |
| First & Other Languages |  |
| Disability needs Yes/No  *If yes, please outline* |  |
| Ethnic Origin |  |
| Religion |  |
| Literacy needs Yes/No  *If yes, please outline* |  |
| Has there been a MARAC referral? *If yes please attach* |  |

**Female Victim/s with whom the man still has contact with and/or who would benefit from the Partnership’s Services (if there are any more victims please copy and paste the table below and add their details)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Has explicit consent been opted in from the victim for Haven/Panahghar to contact? *Please provide an answer*** |  | YES | **NO** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Females details** | Name/AKA | | | | | | | DOB & age | | | | | Gender identity: | |
|  | | | | | | |  | | | | |  | |
| Address | | | Safe to write? | | Alternative address | | | | | | | | | Safe to write? |
|  | | |  | | N/A | | | | | | | | |  |
| Telephone |  | | | | Describe relationship and living arrangements  (eg on/off; client lives at mum’s/(ex) partner stays over occasionally etc) | | | | | | | | | |
| Mobile |  | | | |
|  | | | | | | | | | |
| Safe telephone / mobile |  | | | |
| Drug / alcohol / mental health issues / diagnosis / treatment | | | | | | | | | |
| Code word/safe time to call to be completed by LVS |  | | | |
|  | | | | | | | | | |
| Other useful tel no. (eg family members / colleague / friend) |  | | | |
| Disability / literacy or numeracy difficulties | | | | | | | | | |
| Ethnicity |  | | | |  | | | | | | | | | |
| Religion |  | | | |
| Language(s) spoken |  | | | | Describe employment (eg occupation / unemployed / in training or education / financial status / benefits). Include addresses & contacts) | | | | | | | | | |
| Translator required? |  | | | |
|  | | | | | | | | | |
| Immigration status and any concerns |  | | | |
| Sexual orientation |  | | | |
| **Perpetrators details** | Name/AKA | | | | | | | DOB & age | | | | | Gender identity | |
|  | | | | | | |  | | | | |  | |
| Drug / alcohol / mental health issues / diagnosis / treatment | | | | | |  | | | | | | | | |
| SIGNIFICANT CONCERNS FLAG (eg staff safety issues / serial or repeat perpetrator /suitable times to call client / HBV / suicide or self-harm concerns / MARAC case) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Children’s details** | | Gender | | DOB / age | Is (ex-)partner parent of child / unborn baby? (if not, state who parent is) | | | | Does (ex) partner have PR? | | | School | | | |
|  | | M **/ F** | |  |  | | | | Y / N | | |  | | | |
|  | | M / F | |  |  | | | | Y / N | | |  | | | |
|  | | M / F | |  |  | | | | Y / N | | |  | | | |
| Is the female pregnant? | | Unknown | | | | | Due date | | | |  | | | | |
| Living arrangements and address (if different to client details above) | |  | | | | | | | | | | | | | |
| CYPS involvement | | Y / N | | | | | | | | | | | | | |
| Describe involvement | |  | | | | | | | | | | | | | |
| Flag significant concerns regarding children | |  | | | | | | | | | | | | | |
| **Checklist**  **To be completed by LVS** | | SafeLives Dash risk checklist completed | | | | | | | | Y / N | | | | | |
| Referred to MARAC | | | | | | | | Y / N | | | | | |
| **Summary of Abuse Circumstances/History** | |  | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Details of Court orders / Injunctions/ Bail conditions/ Court proceedings |  |
| Is there an outstanding criminal charge for domestic violence? *Y/N* |  |
| **PLEASE NOTE – we are unable to offer a place to a man who has been charged with a domestic violence related offence until the criminal proceedings have reached a conclusion.** | |

**Other Agency Involvement**

|  |  |
| --- | --- |
| **Indicate if any of these or other agencies, are currently involved.**  **If yes, please give a brief outline of the involvement.** | |
| Police |  |
| Probation |  |
| Social Services/Family & Children’s Department |  |
| Mental Health Services |  |
| Drug and/or Alcohol Services |  |
| CAFCASS |  |
| Solicitors |  |
| Other |  |

**Please note: Within the City of Coventry we have another DVPP which is Respect Accredited that we may refer you to if appropriate. Please can you confirm that you would be happy for us to share this referral form on your behalf by ticking the box below.**

If you require any further information regarding the C2C programme, please call Relate Coventry & Warwickshire on 02476 225863 or phone the “Safe to Talk” helpline on 08001114998