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**The Dash Charity Advocacy and Outreach Referral Form**

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| **REFERRING AGENCY :** | **REFERRERS NAME:**  |
| **REFERRERS TELEPHONE NUMBER:****EMAIL:**  | **DATE OF REFERRAL:**  |

**PERSONAL DETAILS: CONSENT FOR REFERRAL FROM CLIENT:** [ ]

|  |  |
| --- | --- |
|  **NAME:**  | **DATE OF BIRTH:** |
| **ADDRESS:** | **MAIN LANGUAGE SPOKEN: English****Does the client require an interpreter:** **Ethnicity: White British****Gender: Female****CLIENT’S IMMIGRATION STATUS:**

|  |  |  |
| --- | --- | --- |
| [ ] British Citizen[ ]  Spousal/Other Visa[ ]  Indefinite Leave to Remain in UK[ ]  Overstayer[ ]  Asylum Seeker[ ] EEA |  |  |
|  |  |  |

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| **CLIENT’S MOBILE TEL NO:** **IS IT SAFE TO LEAVE MESSAGES/TEXT?** **ALTERNATIVE CONTACT NUMBER:**  | **PREFERABLE DAYS/TIMES TO CONTACT CLIENT INITIALLY:** **CURRENT LEVEL OF CONTACT BETWEEN CLIENT AND PERPETRATOR:**  |
| **ADDITIONAL RISKS/VULNERABILITIES****(Please  tick all that apply and include details in your summary):**[ ]  Offending Behaviour[ ]  Elder Abuse[ ]  Adolescent to Parent Abuse[ ]  Mental Health[ ]  Substance/Alcohol Misuse[ ]  LGBTQ[ ]  Disability[ ]  Pregnancy | **TYPE OF VAWG EXPERIENCED** **(Please  tick all that apply and include details in your summary):**[ ] Domestic abuse [ ] CSE [ ] Forced Marriage [ ] FGM [ ] Gang related violence [ ] Rape [ ] Stalking/ Harassment [ ] HBV[ ] Sexual Exploitation [ ] Trafficking[ ] Sexual Offences  |
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| **REASON FOR REFERRAL****Please give as much detail as possible: Current Abuse & Historical, Dates/Police involvement** |
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**DETAILS OF ALLEGED PERPETRATOR:**

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| --- | --- |
|  **NAME:** | **DATE OF BIRTH:** |
| **RELATIONSHIP TO CLIENT:** | **ANY ACTION TAKEN BY POLICE :** |
|  **ADDRESS:** |

**DETAILS OF CHILDREN:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Current Address** | **Date of Birth** | **Current Status of CP Involvement**  | **Who Has Parental Responsibility** | **School / Nursery Attending** |
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**CURRENT AGENCIES INVOLVED**

|  |  |  |
| --- | --- | --- |
| **AGENCY NAME** | **WORKER** | **CONTACT DETAILS** |
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**\*Please send to** **referrals@thedashcharity.org.uk** **ensuring the document is password protected for data protection.**

**Please do not send via any other route as this may result in delays to your referral being considered.**

**If you require assistance finding emergency refuge accommodation please contact our helpdesk on the number below.**

**\*\*Please refer to MARAC if you believe this case meets the threshold to prevent any delay in risk management. Please refer to MASH if you believe that any children are at risk\*\***

**Any clients accepted for our community – based support will be allocated a worker within 48 hours of receiving the referral.**

**If you have any additional enquiries please call our helpdesk**

**🕿 01753 549865**