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| **IMPAKT Domestic Abuse Support Professional Referral Form**  |

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| Please send all **BEDFORDSHIRE** referrals via email toDARTreferrals@impakt.org.ukThe **BEDFORDSHIRE** Domestic Abuse Resettlement and Support Team can be contacted on **01234 264109**Please send all **CAMBRIDGESHIRE** referrals via email to DASSreferrals@impakt.org.ukThe **CAMBRIDGESHIRE** Domestic Abuse Support Service can be contacted on **03003 731073**Please send all **NORTH HERTFORDSHIRE & STEVENAGE** referrals via email to DASTreferrals@impakt.org.ukThe **NORTH HERTFORDSHIRE & STEVENAGE** Domestic Abuse Support Team can be contacted on **03003 735677**We seek to support men, women and families from 16 years and above, with or without children. |

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| **Important Considerations to be made by the referrer:**If any safeguarding concerns are present or disclosed at the time of the referral (in respect to the client and/or the child/ren being discussed), it is the referrer’s responsibility to follow safeguarding protocols held within their organisation.The client must be part of the referral process, give consent to the referral being made and give permission for our Domestic Abuse Staff to contact the client.The client can decline or withdraw from the provision of service at any time. |
| **Referrer Details** |
| **Organisation:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |
| **Job Title:** |  |
| **Date of Referral:** |  |
| **Client Details** |
| **First Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **Full Current Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Preferred contact method:** | Any  | Phone call  | Text  | Email  |
| **Is it safe to call?** | YES | NO |
| **Is it safe to leave a voicemail?** | YES  | NO  |
| **Is it safe to text?** | YES | NO |
| **Is it safe to email?** | YES | NO |
| **Please state safe times to call:** |  |

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| **Additional Information** |
| **The information shared in this section will be for evaluation purposes and will be included in reports to IMPAKT Housing & Support funders.****This information will help us continually improve our approach for others who need support.****When reporting, personal information will be anonymised, and identifiable features removed.** **Personal information will be stored securely.****The IMPAKT Housing & Support Client Privacy Notice can be viewed online:** <https://impakt.org.uk/> |
| **Ethnicity:**(please note, we are not asking about Nationality or Citizenship, but about the ethnic group to which the client feels they belong) |  |
| **Sex assigned at birth (optional; choose all that apply)** |  |
| **Gender the same as the sex assigned at birth?** |  |
| **Gender identity (optional; choose all that apply):**  |  |
| **Sexual orientation (optional; choose all that apply):**  |  |
| **Religion:** |  |
| **If Other, please specify which religion:** |  |
| **Marital Status:** |  |

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| **Is the client a British national?** | YES  | NO  | **If no what is their immigration status?** |  |
| **What is their country of origin?** |  |
| **Does the client have recourse to public funds?** | YES | NO |
| **Is a translator required due to a language barrier?** | YES | NO |
| **If yes, please specify what language:** |  |
| **Pregnancy and maternity status:** |   | **If pregnant what is their estimated due date:** |  |
| **Dependants who reside with the client** | Full Name and Surname  | DOB | Gender | Relationship to client | School / Childcare Provider Details  |
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| **Name of your GP Doctors Surgery:** |  |
| **Does the client or anyone who will reside with the client have any medical concerns, disabilities, additional or behavioural needs? Please give brief details** |  |
| **Does the client require any special arrangements at the meeting due to a disability or medical condition?** | YES | NO |
| **Details of any required special arrangements:** |  |

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| **Are there any risks meeting with the client in the community or in their home?** | YES  | NO  |
| **Have there been any incidents of domestic abuse in the last 12 months?** | YES  | NO  |
| **Is the client currently living with the perpetrator?** | YES  | NO  |
| **Has a DASH / DARA been completed?** | YES  | NO  | **Has a MARAC referral been completed:** | YES  | NO  |
| Score: |  |
| **Please return here after uploading DASH** |
| **Any significant remarks relating to the DASH / DARA?**  |  |
| **Perpetrators Details:****Name, Address, DOB,**  |  |
| **What other agencies have been referred to:** |  |
| **List any other named agencies involved with the client or their children / dependants.** |  |

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| **Why is the referral being made?** |  |
| **Type of support required?** |  |

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| **Does the client have an immediate place of safety to stay?** | YES  | NO  |
| **Is there an immediate housing need?** | YES  | NO  |
| **Are there any pets in the household?** | YES  | NO  |
| **Additional pet information:** |  |

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| **To be read and signed by the Referrer** |
| **Declaration** | **I confirm that the client has:*** **consented to the referral being made**
* **been part of the referral process and every effort has been made to provide accurate and complete information to support the referral**
* **been advised that should pertinent information be withheld or false information willfully provided, the referral may be declined and offer of support withdrawn.**
* **given permission for the IMPAKT Housing & Support Domestic Abuse Staff to contact them**
* **been advised** **that any personal data contained in this form will be processed and retained by IMPAKT Housing & Support in accordance with the IMPAKT Housing & Support Client Privacy Notice accessible on** <https://impakt.org.uk/>
* **been advised that they can decline or withdraw from the provision of service at any time**
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| **Referrer Signature**: |  |
| **Date:** |  |