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**Bromley & Croydon Women’s Aid**

**Young Person’s Referral Form**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**How to submit this referral:**

To submit your completed document, please email the completed referral form to [youngpeople@bcwa.org.uk](mailto:youngpeople@bcwa.org.uk).

If you have any queries, please contact 0208 313 9303.

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: | |  |
| **Please indicate which service you’d like to refer to:** | | |
|  | | |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Role/ job title |  | |
| Contact number |  | |
| Contact email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Consent (to be completed by the Young Person’s Parent/Carer)** | | | |
|  | | | |
| **Details of Young person’s parent/carer** *(if under the age of 16)* | | | |
| Name & Relationship eg Mother | DOB | Contact details | Parental Responsibility |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **I hereby consent for the child in my care to be contacted and supported by Bromley & Croydon Women’s Aid Young People’s Outreach Officer:** | | | |
| Print name: |  | | |
| Signature: |  | | |
| Date: |  | | |

1. **Client contact info**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | | | |
| First name | | |  | | | | |
| Last name | | |  | | | | |
| Other names | | |  | | | | |
| What do they like to be called? | | |  | | | | |
| DOB | | |  | | | | |
| NI Number (if known) | | |  | | | | |
| **Addresses** | | | | | | | |
| Current address | | |  | | | | |
| Current Local Authority | | |  | | | | |
| Local Authority of origin (if different) | | |  | | | | |
| Does the perpetrator live at this address? | | | Yes  No  Don’t Know | | | | |
| Safe contact notes: | | |  | | | | |
| **Contact info** | | | | | | | |
| *Details Safe to contact?* | | | | | | | |
| Phone | |  | | | |  | |
| Email | |  | | | |  | |
| Safe contact notes | |  | | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | | | |
| Name | |  | | | Relationship | |  |
| Contact information | |  | | | | | |
| Safe contact notes | |  | | | | | |
| **Accessibility requirements** | | | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes  No  Don’t Know | | | *If yes, please provide details:* | | | |
| Does this client require an interpreter? | Yes  No  Don’t Know | | | *If yes, please provide details:* | | | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender the same to the sex they were assigned at birth? | Yes  No  Don’t know |
| Do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| How would they describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Do they have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is their relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Are they pregnant? | Yes  No  Don’t know |

1. **Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending |
| **Additional details:** | |
|  | |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know |
| **Previous requests for support** |  |
| Before being accepted here, did you try unsuccessfully to access any other domestic abuse services? | Yes ☐ No ☐ |
| How many did you try to access? |  |
| Is this an exact figure or an estimate? | Exact ☐ Estimate ☐ |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** | | |
| Name | | DOB |
|  | |  |
| Are social services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Reason for referral**

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| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?** |
|  |

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| Allocated to: |  |
| **Please complete if the referral was rejected** | |
| Reason for rejection | Unable to contact client  Client does not want support  No space/ capacity to support  Ineligible for support (age)  Ineligible for support (borough)  Ineligible for support (service description)  Identified as unsafe to work with  Identified as perpetrator  Unable to meet support needs around language  Unable to meet support needs around large family  Unable to meet support needs around mental health  Unable to meet support needs around disability  Unable to meet support needs around NRPF  Unable to meet support needs around drug and alcohol  Previous convictions for violent/sexual offences/ arson  Other |
| Referred/ signposted on to: | Another refuge  Another specialist VAWG service  NDVH  Non-VAWG organisation/ service  Other |