

NEWCASTLE INTEGRATED DOMESTIC ABUSE SERVICE REFERRAL FORM
Please return to: secure email Nidas.Team@thirteengroup.co.uk or ring 0191 214 6501 for assistance. Please ensure a DASH risk assessment is completed by referring agency and attached

Use this form for all referrals into the Integrated Newcastle Domestic Abuse Service

To which service is the client being referred? If unsure please leave blank

Refuge	IDVA/ISVA
Outreach	Children and Young People

Referrer Details

Referral Agency: _____ Contact Name: _____

Contact Details: (address, telephone number, email): _____

Is the person aware you are making the referral? Yes No

Client details

Full Name:	Contact No: Safe to call: Yes <input type="checkbox"/> No <input type="checkbox"/> Code word/safe time to call:
Previous Names: DOB: Gender:	Ethnicity: Date entered UK (if not birth): Is this person entitled to claim benefits in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
NI No:	Preferred Language: Accessibility requirements e.g. literacy difficulties, interpreter or signer required:
Current address:	Please give details of tenure e.g. is the client a named tenant/owner occupier, who is the landlord:

Employment status:	<p>Does the perpetrator live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Safe to write: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no please give alternative safe address if possible:</p>
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Please give details of children to be included in the referral:

Name: DOB: Gender:	School/nursery: Relationship to perpetrator: Additional support needs:
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Does the client have children not to be included in referral? Yes No

If yes please give details:

Is the client pregnant? If yes please give due date: Yes No

Are Social Services involved in respect of any child/children/pregnancy? Yes No

If yes, please give details including contact details of any agency involvement:

Does the client have regular contact with family members? Yes No

Please give details of arrangements/significant relationships including contact arrangements for any children:

Equalities monitoring

How does the client describe their:

Ethnicity:

Religion/ Belief:

Marital/Civil Partnership Status:

Gender:

Sexual orientation:

Disability:

Cultural needs:

Background/reason for referral:	
<p>Details of latest incident:</p>	<p>Date:</p> <p>Police involvement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p>
<p>PVP no (if applicable) :</p> <p>Additional PVP nos. including date, risk level and type of incident:</p>	<p>MARAC involvement? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details:</p>
<p>RIC completed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Risk level:</p> <p>If RIC completed please attach with this referral</p>	<p>Has the woman lived in a refuge before?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details including reason for move on:</p>

Perpetrator details:	
<p>Name:</p> <p>DOB:</p> <p>Additional info:</p>	<p>Relationship to client:</p> <p>Address:</p>

Client support needs/additional risks:

Does the client have any of the following support needs? If yes please give details including any agency involvement or historical information:

Drugs and alcohol: Yes No

Mental health: Yes No

Physical health: Yes No

Offending: Yes No

Additional learning needs: Yes No

Local authority care: Yes No

Any known additional risks working with this client?

Any other agency involvement?

Signature:

Date:

Time: