|  |  |  |
| --- | --- | --- |
| **Client Name\*:** | **DOB\*:** | |
| **Address\*:**  **Postcode\*:** | | |
| **Home Number:** | **Safe to leave a message?** | Yes  No |
| **Mobile\*:** | **Safe to leave a message?\*** | Yes  No |
| **Email\*:** | **Safe to send a message?\*** | Yes  No |
| **Preferred contact\*:** Home Phone  Mobile  Email  Post | | |
| **Okay to post information to above address?\*** Yes  No | | |
| **Is this person aware of the referral and provided consent?\*** Yes  No | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of referrer\*:** | **Agency & Role\*:** | **Phone number\*:** | **Email\*:** | **Address\*:** |

|  |
| --- |
| **Diversity data** |
| Male  Female  Transgender  Undisclosed |
| Heterosexual  Bisexual  Gay/Lesbian  Undisclosed |
| White/White British  Black/Black British  Asian/Asian British  Chinese  Mixed Not stated  Other: |
| **Religion** |
| Buddist  Christian (all denominations)  Hindu  Jewish |
| Muslim  None  Not known |
| **Belief system** |
| Muslim  Sikh  Not known  Refused  Other |

|  |
| --- |
| **Vulnerabilities\*:** |
| Mental Health  Substance/Alcohol Misuse  Learning Difficulties  Physical Disability  Self-Harm |
| Please provide additional information: |
| Please give details of any other agency referral that has been completed: |

|  |
| --- |
| **Please provide additional information and reason for referral / current situation\*:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Information** | | | |
| Are there any drug or alcohol issues | Yes | No | Unknown |
| Are there any mental health issues | Yes | No | Unknown |
| Are there any criminal convictions | Yes | No | Unknown |
| Is the victim a risk to support workers of the public | Yes | No | Unknown |
| Are they subject to any protective orders (non-molestations) | Yes | No | Unknown |
| Are there any risks of harm to children | Yes | No | Unknown |
| Are there any physical health issues or disabilities | Yes | No | Unknown |
| Does the client have any children living at their address\* | Yes | No | Unknown |
| If ‘yes’ to the above question, please provide details of the child(ren)\*:  Name & contact details of Social Worker (if applicable)\*: | | | |

Please ensure the referral form is completed to the best of your knowledge and sent to [PRGGloucester@fear-less.org.uk](mailto:PRGGloucester@fear-less.org.uk)

\* this field is mandatory

**Eligibility criteria:**

FearLess provides support to those who have perpetrated Domestic Abuse across Gloucestershire, through our Positive Relationships Gloucestershire (PRG) Service. We are proud to be an all-inclusive service, supporting all adult perpetrators of Domestic Abuse, regardless of sex, age, or sexuality.

However, FearLess is currently not able to support cases where:

* There are private or civil court proceedings regarding child contact.
* A child contact case completed within the last twelve months.
* The perpetrator is considering family court intervention.
* There is an ongoing child contact arrangements order.

This decision has not been taken lightly, but comes on the advice and instructions of our accrediting body, Respect. It is hoped that this will only be in place temporarily and FearLess will update organisations as and when this changes. At this time, FearLess is not aware of alternative provision in Gloucestershire, unless the individual is currently subject to engagement with the National Probation Service.

For clarity, FearLess reiterates that we can and do support perpetrators of Domestic Abuse where there is involvement with Children’s Social Care, assuming there are no ongoing civil court proceedings.