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| --- | --- |
| Date of referral |  |

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| **Support required**  |
| Healthy Relationships Healthy Families  | Domestic Abuse Perpetrator Programme  |
| Please provide additional information and reason for referral/current situation:  |

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| **Service user information** |
| Full name |  |
| Date of birth |  |
| Address, including postcode |  |
| Is it safe to post information to the above address? | Yes / No / Unknown |
| Home number |  |
| Is it safe to leave a message on this phone? | Yes / No / Unknown |
| Mobile number |  |
| Is it safe to leave a message on this phone? | Yes / No / Unknown |
| Email address |  |
| Is this a safe method of contact? | Yes / No / Unknown |
| Preferred contact method | Home number Mobile number Email Post |
| Are there any specific safe times to make contact?  |  |
| **Diversity Information** |
| Gender identity |  |
| Marital status |   |
| Ethnicity |  |
| Disability |  |
| Religion |  |
| Sexuality |  |
| Language (and dialect) |  |
| Is a translator required | Yes / No |
| **Vulnerabilities** |
| Mental health  | Yes / No  |
| Substance/alcohol misuse | Yes / No |
| Learning difficulties | Yes / No |
| Physical health issues or disability | Yes / No |
| Self harm or suicidal attempts (please provide additional information) | Yes / No |
| Criminal convictions | Yes / No |
| Are you subject to any protective orders (non-molestations) | Yes / No |
| Military involvement:  | Ex-armed forces Current military Partner ex-military Partner current military  |

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| **Child(ren) information** |
| Are you or your (ex)partner currently pregnant |  |
| **Child name** | **Date of birth** | **Address (if different from above)** | **Gender identity** | **Disability** | **Ethnicity**  | **Relationship to service user** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is there current involvement from children’s services | Yes / No / Unknown |
| If so, at what level | Family key worker Child in need Child ProtectionLooked after child Other |
| Name of Social Worker |  |
| Is there previous, current, or are you planning, involvement from CAFCASS/private family court? | Yes / No / UnknownDetails if yes: |

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| **Police involvement (if applicable/known)**  |
| Date reported:  |
| Police contact details:  |
| Brief outline of incident:  |

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| **Domestic abuse support only: Partner or previous partner details (Must provide partner details to be eligible for support)** |
| Name:  | DOB:  | Address:  |
| Stranger | Partner | Ex-partner | Acquaintance | Family member | Other |
| DV related: | Yes/No |  |  |  |  |
| Is your partner or previous partner aware of where you are living? | Yes / No |
| Are you living with Current/ex-partner | Yes / No |

Please ensure the referral form is completed to the best of your knowledge and sent to PRGGloucester@fear-less.org.uk