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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Protection  Looked after child Other | | | | |
| Name of Social Worker | | | |  | | | | |
| Is there previous, current, or are you planning, involvement from CAFCASS/private family court? | | | | Yes / No / Unknown  Details if yes: | | | | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:PRGGloucester@fear-less.org.uk)