**FearLess**

**Reprovide Domestic Violence Perpetrator Programme**

Please return completed form to:

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| **Referrers details** | |
| Referring organisation: | Date of referral: |
| Name: | Job title: |
| Telephone number: | Email: |

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| **Client information** | |
| Name: | Date of birth: |
| Gender: | Ethnicity: |
| Disabilities: | Marital status: |
| Address: | Postcode: |
| Telephone number: | Email: |
| Is English an additional language for the person? | |
| Does the person have any physical health issues? | |

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| **Children and Young People Information** | |
| 1st Childs Name: | Gender: |
| Date of birth: | Disabilities: |
| 2nd Childs Name: | Gender: |
| Date of birth: | Disabilities: |
| 3rd Childs Name: | Gender: |
| Date of birth: | Disabilities: |
| Is there a safeguarding plan in place? | |
| Are any of the children subject to a Child in Need plan? | |
| Is the perpetrator the biological father of the above children? | |
| Do the above children live at the same address as the service user? | |
| Do the children live at another address? If so, please provide details below: | |

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| **Risk information**  Where a risk applies, please provide additional information |
| Are there any drug/alcohol/substance misuse issues? |
| Are there any mental health issues, including risk of suicide and self harm? |
| Are there any criminal convictions/offending history? |
| Is the person subject to or named in any protective orders (e.g. non-molestation order)? |
| Are there any risks of harm to children or young people? |
| Any known risk to workers / professionals? |

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| **Further information** |
| Please provide any relevant further information, including the persons motivation to change and their commitment to a 25 week programme. |
| Are there any other agencies involved with this person? If so, please record their contact details. |

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| **FearLess office use only** |
| Date that referral was given to Reprovide coordinator: |
| Date that referral was added to database: |