## **FIP** (Forces Intervention Programme) Professional Referral Form

\*Mandatory

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| **\*Date of referral** |  |
| **\*Is the person aware of the referral and given consent** | Yes / No  |
| **\*Are there any current domestic abuse Police investigations (Civil or RNP, RAFP, RMP)** | Yes / No / Unknown |

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| **\*Referrer information** |
| **Referrer name and job title** |  |
| **Referring organisation (RN/RM, RAF, ARMY, Other)** |  |
| **Referrer contact number** |  |
| **Referrer email address** |  |

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| **\*FIP Service User information** |
| **Full name of Service User** |  |
| **Date of birth** |  |
| **Forces involvement****RN/RM, RAF, ARMY** | Current Forces Ex-forces (veteran)   |
| **UNIT/Details**  |  |
| **Current Address, including postcode** |  |
| **Home number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Preferred contact method** | Home number Mobile number Email Post |
| **Are there any specific times to make contact?**  |  |
| **Is the service user currently living with their partner** | Yes / No / Unknown |
| **Length of Relationship** |  |
| **GP/ Medical Practice Details** |  |
| **Diversity Information** |
| **Gender identity** |  |
| **Marital status** |   |
| **Ethnicity** |  |
| **Disability** |  |
| **Religion** |  |
| **Sexuality** |  |
| **Language** |  |
| **Is a translator required** | Yes / No / Unknown |
| **\*Vulnerabilities** |
| **Mental health**  | Yes / No / Unknown |
| **Substance/alcohol misuse** | Yes / No / Unknown |
| **Learning difficulties** | Yes / No / Unknown |
| **Physical health issues or disability** | Yes / No / Unknown |
| **Self harm or suicidal attempts (please provide additional information)** | Yes / No / Unknown |
| **Criminal convictions** | Yes / No / Unknown |
| **Is the service user a risk to workers or the public** | Yes / No / Unknown |
| **Are they subject to any protective orders (non-molestations/DVPO)** | Yes / No / Unknown |
| **Are they any current Court proceedings around child contact, or are they planned within the next 6 months, or have there been within the last 12 months** | Yes / No / Unknown |
| **Are there any risks of harm to children** | Yes / No / Unknown |
| **\*Childrens Information**  |
| **Child name** | **CP/CIN (Y/N)** | **Date of birth** | **Bio/Non-Bio to FIP Service User** | **Gender identity** | **Disability** | **Address (if different from) SU** | **Ethnicity** | **Relationship to FIP SU being referred (Son, Daughter, Step/other)** |
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| **\*Is the Partner/ FIP SU, Ex or affected other) currently pregnant?** | Yes / No / Unknown |
| **\*Other professional Involvement (RN FPS, SSAFA, AWS/UW, SW, Police OIC, Other)** |  |

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| **\*Support required** |
| **Please provide additional information and reason for referral/current situation. Please comment on motivation to change and any known incidents.**  |

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| **\*Partner (Ex) or affected other Details** |
| **Is the person aware of the referral and given consent** | Yes / No  |
| **Full name** |  |
| **Date of birth** |  |
| **Address, including postcode** |  |
| **Home number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Preferred contact method** | Home number Mobile number Email Post |
| **Are there any specific times to make contact?**  |  |
| **Is the Partner, Ex or affected other currently living with the service user?** | Yes / No / Unknown |
| **Length of Relationship** |  |
| **GP/Medical Practice Details** |  |
| **Current Forces involvement,** **for Partner (Ex) or affected other** | current forces ex-forces (veteran) Civilian  |
| **Diversity Information** |
| **Gender identity** |  |
| **Marital status** |   |
| **Ethnicity** |  |
| **Disability** |  |
| **Religion** |  |
| **Sexuality** |  |
| **Language** |  |
| **Is a translator required** | Yes / No / Unknown |
| **\*Childrens Information** |
| **Child name** | **CP/CINY/N** | **Date of birth** | **Bio/Non-Bio to Service User** | **Gender identity** | **Disability** | **Ethnicity** | **Address if different from Service User** | **Relationship to Partner (Ex/Other) being referred (Son, Daughter, Step/other)** |
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| **\*Is the Partner/ SU, Ex or affected other) currently pregnant?** | Yes / No / Unknown |
| **\*Other professional Involvement** **(SW, Police OIC, Other, RN FPS, SSAFA, AWS/UW)** |  |

**Please return this form, completed, to spa@fearfree.org.uk**