## **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**