Leicester, Leicestershire & Rutland Domestic & Sexual Violence

Referral Form

Date of Referral :	OASIS Reference Number : (Office Use Only)
Referrer:	Organisation :
Position:	Telephone No:
Form Completed By:	Position:

Office Use Only - Nature of Support Required

IDVA ☐ (Please include a copy of the CAADA DASH Risk Assess)	ISVA ☐	Engagement & Recovery ☐	Safe Home / Refuge Referral ☐
Area:	Blaby ☐	Charnwood ☐	Hinckley & Bosworth ☐
Leicester City ☐	Harborough ☐	NWL ☐	Oadby & Wigston ☐

				Melton ☐
				Rutland ☐

Primary Victim Details

Forename(s): Surname: Date of Birth : Age:		Telephone : Mobile : Email:	
Address: Post Code:		**Safe Contact Methods**	
		NOT Safe ☐	Call Safe ☐ Other:
		Address Safe ☐	Text Safe ☐
		Phone Safe ☐	Email Safe ☐
Alt Safe Contact:		Alt Safe Contact No:	
Gender:	Sexual Orientation:	Transgender : Yes / No / DK	
Ethnic Origin:		Nationality:	
First Language:		Is an Interpreter Required:	
Religion:		Partnership Status:	
Economic Status:		Current Tenure:	
NI Number:		Recourse to Public Funds: Yes / No / DK	

Disabilities		**Vulnerabilities / Complex Needs** (In the past year has the client had any problems with any of the following?)			
Long Term Illness or Condition ☐	Physical ☐	Alcohol ☐	Drugs ☐	Mental Health ☐	Self Harm ☐
Hearing ☐	Learning ☐	Victim or Risk of FGM ☐	Forced Marriage ☐	Homelessness ☐	Criminal Offences ☐
Visual ☐	None ☐	Sexual Exploitation ☐	Rape or Sexual Assault ☐	Struggle with Social Skills ☐	Schedule 1 Offender (At any time) ☐
Other Issues / Vulnerabilties:					

Perpetrator Information		
Forename: Surname: Date of Birth: Age:		Address: Postcode:
Gender:	Sexual Orientation:	Transgender : Yes / No / DK
Relationship to Victim:		Relationship Status:
Ethnicity:	Immigration Status:	NI Number:
Employment Status:		Place of Work:
How Long Together with Victim:		Perpetrating From: To:
Father of Children (FOC): Yes / No / Not Sure / Other		FOC Other Details:

Perpetrator Profile / Issues					
Alcohol ☐	Drugs ☐	Disabilities ☐	Literacy / Numeracy ☐	Mental Health ☐	Self Harm ☐
History of Violence ☐	History of Sex Offences ☐	Known Gang Member ☐	Prescribed Drugs ☐	Homelessness ☐	Financial Issues ☐
DV Related Convictions ☐	Other Violence Convictions ☐	Non Violent Convictions ☐	Schedule 1 Offender ☐	None ☐	Not Known ☐
Other Issues / Vulnerabilties:					
Known Risk Factors:					
Warning Markers: (for example weapons, gun licence, violence)					
Crime Notes / Orders in Place:					

Child/ren's Details					
First Name	Surname	Date of Birth	Age	Gender	Ethnicity
Children's Address: (If different from victim)					
Care Status: Child/ren Adopted: Yes / No / DK Current Agency Involvement: S17(CIN) ☐ S47(CP) ☐ S31 (Care or SO) ☐ Other:……					

Is the Victim/Client Pregnant? Yes / No		E.D.D:	Lone parent:
Any other people/family members living in household:			

Children's Issues:

Regarding the Domestic Abuse what have the children heard/seen or experienced:

Witnessed: Physical ☐ Verbal ☐ Emotional ☐ Sexual ☐ Financial ☐

Actual: Physical ☐ Verbal ☐ Emotional ☐ Sexual ☐ Financial ☐

Has the child/ren ever suffered any injuries? Yes / No

Was the parent/carer able to access medical attention for the injuries? Yes / No / NA

Was the parent/carer assaulted whilst pregnant? Yes / No

Family Vulnerabilities / Complex Needs				
Child/ren not in / attending school ☐	Family Member has ASB intervention or Criminal Offence ☐	Worklessness / at Risk of Financial Exclusion ☐	Family with Health Problems ☐	Any Child in Need of Help ☐

Other Agency Involvement		
Agency:	Contact:	Tel No:
Nature of Involvement:		
Agency:	Contact:	Tel No:
Nature of Involvement:		

Case Information and History		
Date of last incident:	Was this reported to police: Yes* / No	* Incident No:

Background Information:
(Please tell us about the reason for referral, abuse experienced etc.)

What are the victim's priority areas of support:

CAADA DASH Risk Assessment Undertaken: Yes / No		
Completed By:	Risk Level:	Date:

Referrals are accepted with consent unless safeguarding risk overrides consent; please ensure you are compliant with your agency's sharing without consent procedures. Please sign below to confirm consent has been obtained or the decision to share information without consent has been made:

Referrer: **Signature:** **Date:**

Please return this form to:
UAVA Ltd, PO Box 7675, Leicester. LE1 6XY
Secure Email: referrals@uava.org.uk.cjsm.net
Email: referrals@uava.org.uk
Business Line: 0116 255 0004

Office Use Only		
Risk Assessment Completed By:		Date:
Risk Level:		IDVA Referral Date (if applicable):
Accepted: Yes / No	Letter sent to referrer to confirm receipt / allocation / waiting list status date:	ISVA Referral Date (if applicable):
Reason If Not Accepted:		
Support Start Date:	Support End Date:	End of Support Notification Sent:

Continuation Sheet - Referral Form

Details of Referral		
Contact:	**Agency:**	**Self Referral:**
Form Completed By:		
Primary Victim's Name:		**OASIS No:**

Additional Information:

Please return this form to:
UAVA Ltd, PO Box 7675, Leicester. LE1 6XY
Secure Email: referrals@uava.org.uk.cjsm.net
Email: referrals@uava.org.uk
Business Line: 0116 255 0004