

Please note all boxes will expand when typing.

Section 1	Referrers / Agency Details:		
Name		Date	
Position		Mobile No	
Organisation		Landline No	
Email			

Section 2	Personal Details (Parent / Carer / Guardian):			
Full Name			Date of Birth	
Known As			Age	
Address			Postcode	
Mobile No		Landline No		Email

**Equalities Data:** please refer to equalities sheet to identify categories

Tenancy Status		Employment / Economic Status:		Relationship Status	
Gender	Male / Female	Gender Reassignment	Yes / No / Prefer Not to Say	Sexual Orientation	
Ethnicity:		Nationality		Preferred Language	
Interpreter Required?	Yes / No	Immigration Status:		Religion	
Disability	Yes / No	If yes to disability please provide details:			

### Risk Profile

Please give details of any risk related information

Section 3.1	Child Details:			
Full Name			Date of Birth	
Gender			Ethnicity	
Disability			Relationship to Victim	
Looked after child	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship to perpetrator	

School / College / Workplace:

Social care status – early help / troubled families / child protection plan:

Any risk concerns:

Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :

<b>Section 3.2</b>	<b>Child Detailst:</b>				
<b>Full Name</b>				<b>Date of Birth</b>	
<b>Gender</b>				<b>Ethnicity</b>	
<b>Disability</b>				<b>Relationship to Victim</b>	
<b>Looked after child</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Relationship to perpetrator</b>	
<b>School / College / Workplace:</b>					
<b>Social care status – early help / troubled families / child protection plan:</b>					
<b>Any risk concerns:</b>					
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :					

<b>Section 3.3</b>	<b>Child Detailst:</b>				
<b>Full Name</b>				<b>Date of Birth</b>	
<b>Gender</b>				<b>Ethnicity</b>	
<b>Disability</b>				<b>Relationship to Victim</b>	
<b>Looked after child</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Relationship to perpetrator</b>	
<b>School / College / Workplace:</b>					
<b>Social care status – early help / troubled families / child protection plan:</b>					
<b>Any risk concerns:</b>					
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :					


<b>Section 3.4</b>	<b>Child Detailst:</b>				
<b>Full Name</b>				<b>Date of Birth</b>	
<b>Gender</b>				<b>Ethnicity</b>	
<b>Disability</b>				<b>Relationship to Victim</b>	
<b>Looked after child</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Relationship to perpetrator</b>	
<b>School / College / Workplace:</b>					
<b>Social care status – early help / troubled families / child protection plan:</b>					
<b>Any risk concerns:</b>					

Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :

<b>Section 3.5</b>	<b>Child Detailst:</b>				
<b>Full Name</b>				<b>Date of Birth</b>	
<b>Gender</b>				<b>Ethnicity</b>	
<b>Disability</b>				<b>Relationship to Victim</b>	
<b>Looked after child</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<b>Relationship to perpetrator</b>	
<b>School / College / Workplace:</b>					
<b>Social care status – early help / troubled families / child protection plan:</b>					
<b>Any risk concerns:</b>					
Please provide any further relevant information regarding the young person / their needs / emotional well being / health / disability :					

<b>Section 4</b>	<b>Personal Details (Perpetrator):</b>				
<b>Full Name</b>				<b>Date of Birth</b>	
<b>Known As</b>				<b>Age</b>	
<b>Address</b>				<b>Postcode</b>	
<b>Mobile No</b>		<b>Landline No</b>		<b>Email</b>	
<b>Equalities Data:</b> please refer to equalities sheet to identify categories					
<b>Tenancy Status</b>		<b>Employment / Economic Status:</b>		<b>Relationship Status</b>	
<b>Gender</b>	Male / Female	<b>Gender Reassignment</b>	Yes / No / Prefer Not to Say	<b>Sexual Orientation</b>	
<b>Ethnicity:</b>		<b>Nationality</b>		<b>Preferred Language</b>	
<b>Interpreter Required?</b>	Yes / No	<b>Immigration Status:</b>		<b>Religion</b>	
<b>Risk Profile</b>					
Please give details of any risk related information					

Section 5		Reason for referral			
In the boxes below please provide detailed information in relation to the guidance headings. This should include information relating to what has been witnessed or experienced by the young person.					
<b>Please give a description of concerns &amp; reasons for referral</b>					
<b>Please give details of any identified risks when contacting, visiting or working with the young persons &amp; the family / guardian / carer</b>					
<b>Agencies Involved - Please indicate which Agencies have been involved with the perpetrator, victim and children within the last 2 years if known:</b>					
Agency	Contact Name	Role	Contact Number	Email	Open Case

Section 7		Consent & Referral	
<b>Please give details of any views that the parent and young person (Gillick Competent) have regarding this referral</b>			
<b>Consent</b> 	The reason for the referral has been explained to the <b>parent / carer / guardian</b> by the referrer and they agree to the referral being made to LWA UAVA		Yes / No
	Has the reason for referral been explained to the <b>young person (if Gillick competent)</b> by the referrer and they agree to the referral being made to LWA Family Service		Yes / No
	Please confirm that your organisation has consent to share sensitive information?		Yes / No
<b>Data Protection &amp; Confidentiality – section X</b>			
Information provided within this referral will be handled in accordance with data protection and confidentiality guidance and legislation. Details may be disclosed to other appropriate services and partner agencies for the purpose of providing support. It will not be shared with other third parties, unless required to do so by law. To ensure the safety and wellbeing of the individuals referred, information in this referral will be shared with them if they wish to see it. Though it may be restricted or withheld in line with good practice, guidance and legislation relating to domestic abuse and safeguarding.			

## Continuation Sheet –Referral Form

Additional Information:

Please return this form to:  
UAVA Ltd. P.O. Box 7675, Leicester, LE1 6XY  
Secure email: [referrals@uava.org.uk.cjsm.net](mailto:referrals@uava.org.uk.cjsm.net)  
Email: [referrals@uava.org.uk](mailto:referrals@uava.org.uk)  
Business Line: 01162550004

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