

**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 <input type="checkbox"/> <small>(Please include a copy of the CAADA DASH Risk Assess)</small>	ISVA <input type="checkbox"/>	Engagement & Recovery <input type="checkbox"/>	Safe Home / Refuge Referral <input type="checkbox"/>	
<b>Area:</b>	Blaby <input type="checkbox"/>	Charnwood <input type="checkbox"/>	Hinckley & Bosworth <input type="checkbox"/>	Melton <input type="checkbox"/>
Leicester City <input type="checkbox"/>	Harborough <input type="checkbox"/>	NWL <input type="checkbox"/>	Oadby & Wigston <input type="checkbox"/>	Rutland <input type="checkbox"/>

**Primary Victim Details**

Forename(s): Surname: Date of Birth :	Age:	Telephone : Mobile : Email:
Address:	<b>Safe Contact Methods</b>	
Post Code:	NOT Safe <input type="checkbox"/>	Call Safe <input type="checkbox"/> Other:
	Address Safe <input type="checkbox"/>	Text Safe <input type="checkbox"/> <a href="#">Click here to enter text.</a>
	Phone Safe <input type="checkbox"/>	Email Safe <input type="checkbox"/>
Alt Safe Contact:	Alt Safe Contact No: <a href="#">Click here to enter text.</a>	
Gender: Choose an item.	Sexual Orientation: Choose an item.	Transgender : Choose an item.
Ethnic Origin: Choose an item.	Nationality: Choose an item.	
First Language:	Is an Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion: Choose an item.	Partnership Status:	
Economic Status: Choose an item.	Current Tenure: Choose an item.	
NI Number:	Recourse to Public Funds: Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	

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

Other Issues / Vulnerabilities:

Perpetrator Information					
Forename:			Address:		
Surname:					
Date of Birth:		Age:		Postcode:	
Gender: Choose an item.		Sexual Orientation: Choose an item.		Transgender : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship to Victim:			Relationship Status:		
Ethnicity:			Immigration Status:		
Employment Status:			Place of Work:		
How Long Together with Victim:			Perpetrating For How Long:		
Father of Children (FOC): Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>			FOC Other Details:		
Perpetrator Profile / Issues					
Alcohol <input type="checkbox"/>	Drugs <input type="checkbox"/>	Disabilities <input type="checkbox"/>	Literacy / Numeracy <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Self Harm <input type="checkbox"/>
History of Violence <input type="checkbox"/>	History of Sex Offences <input type="checkbox"/>	Known Gang Member <input type="checkbox"/>	Prescribed Drugs <input type="checkbox"/>	Homelessness <input type="checkbox"/>	Financial Issues <input type="checkbox"/>
DV Related Convictions <input type="checkbox"/>	Other Violence Convictions <input type="checkbox"/>	Non Violent Convictions <input type="checkbox"/>	Schedule 1 Offender <input type="checkbox"/>	None <input type="checkbox"/>	Not Known <input type="checkbox"/>
Other Issues / Vulnerabilities:					
Known Risk Factors:					
Warning Markers: (for example weapons, gun licence, violence)					
Crime Notes / Orders in Place: (e.g. Non Molestation Order, Restraining Order )					

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) <input type="checkbox"/> S47(CP) <input type="checkbox"/> S31 (Care or SO) <input type="checkbox"/>					
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

<b>Family Vulnerabilities / Complex Needs</b>				
Child/ren not in / attending school <input type="checkbox"/>	Family Member has ASB intervention or Criminal Offence <input type="checkbox"/>	Worklessness / at Risk of Financial Exclusion <input type="checkbox"/>	Family with Health Problems <input type="checkbox"/>	Any Child in Need of Help <input type="checkbox"/>

<b>Other Agency Involvement</b>		
Agency:	Contact:	Tel No:
Nature of Involvement:		
Agency:	Contact:	Tel No:
Nature of Involvement:		

<b>Case Information and History</b>		
Date of last incident:	Was this reported to police: Yes* / No	* Incident No:
Background Information: <i>(Please tell us about the reason for referral, abuse experienced etc.)</i>		

**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: [secure.referral@uava.cjsm.net](mailto:secure.referral@uava.cjsm.net)  
Email: [referrals@uava.org.uk](mailto: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: [secure.referral@uava.cjsm.net](mailto:secure.referral@uava.cjsm.net)  
Email: [referrals@uava.org.uk](mailto:referrals@uava.org.uk)  
Business Line: 0116 255 0004