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| **Agency information** | | | |
| Agency making referral |  | Contact name |  |
| Contact telephone |  | Contact email |  |
| What is your involvement with the referral |  | | |

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| **Client information** | | | | | | | | | | | | | | | | |
| Date of Referral: |  | | | | Time of referral: | | | | | Form Completed By | | |  | | | |
| **Client Details** | | | | | | | | | | | | | | | | |
| Client Name: | | | | | | | | Date of Birth: | | | | | | | | |
| Landline:  Safe to Call: Yes/No  Mobile:  Safe to Call Yes/No | | | | | | | | Address:  Postcode: | | | | | | | | |
| Safe to write to address given: Y N | | | | | | | | Additional Contact Details: | | | | | | | | |
| Give details of any disability: | | | | | | | | | | | | | | | | |
| Marital Status: | | | | | | | | Sexuality: | | | | | | | | |
| Ethnicity: | | | | | | | | Religion: | | | | | | | | |
| **Children and Family** | | | | | | | | | | | | | | | | |
| Name Of Child | | | M/F | Date of Birth | | | Address | | | | Living With Client (Y/N) | | | School | | |
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| **Nature of abuse** | | | | | | | | | | | | | | | | |
| Domestic Abuse | | Emotional Abuse | | | | Psychological Abuse | | | Physical Abuse | | | Verbal Abuse | | | Financial Abuse | |
| Honour Based Violence | | Forced Marriage | | | | At Risk of Child Sexual Exploitation | | | Child Sexual Exploitation | | | Grooming | | | Unhealthy Teenage Relationship | |
| Rape | | Sexual Assault | | | | Historic Rape | | | Sexual Violence | | | Childhood Sexual Abuse | | | Sexual Exploitation | |
| **Perpetrator information** | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Perpetrator name |  | Date of birth |  | | Additional risks/concerns |  | | | | | | | | | | | | | | | | | | |
| **Reason for the referral** | | | | | | | | | | | | | | | |
| **What is the main reason for the referral to Black Country Women’s Aid?**  **Brief Overview of Situation (include background to case, previous history, analysis of risk, current relationship status and living situation)**  **GP details:** | | | | | | | | | | | | | | | |

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Where possible form should be sent to [referral.team@sandwellwa.cjsm.net](mailto:referral.team@sandwellwa.cjsm.net)

Alternatively, please password protect the file and return it to [IDVA@blackcountrywomensaid.co.uk](mailto:IDVA@blackcountrywomensaid.co.uk)

Instructions for password protecting a word file:

* Click on Save as
* Click on ‘Tools’
* Click on General options
* Input password
* Press OK
* Confirm Password
* Save file

Please send the password in a separate email.

Enquiries can be sent to [idva@blackcountrywomensaid.co.uk](mailto:idva@blackcountrywomensaid.co.uk)