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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/NoMobile: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

Alternatively, please password protect the file and return it to 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