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# JUNO Women’s Aid

**RISE support Service in Nottingham**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the woman as safely and quickly as possible. We’d appreciate it if you could include as much information as this saves the service user from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**If you have any questions please contact the Rise Duty Desk on**

**0115 9884227, Monday – Friday 9.00am – 4.30pm**

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| --- |
| **How to submit this referral:**  To submit your referral via secure email please send to: [rise.duty@junowomensaid.cjsm.net](mailto:rise.duty@junowomensaid.cjsm.net)  To submit your referral via unsecure email please use this password to protect your document: **sunshine** and email to: [citysupport@junowomensaid.org.uk](mailto:citysupport@junowomensaid.org.uk)  Alternatively you can post or fax your referral to:  **RISE**  **JUNO Women’s Aid**  **30 Chaucer Street**  **Nottingham**  **NG1 5LP.**  Fax: 0871 989 5486 |
| **Additional information to submit?**  Please attach the following documents to this referral:   * **DASH RIC** * any other risk assessments which are available |
| **Eligibility Criteria:**  Women experiencing or who have experienced domestic violence and abuse, who are from Nottingham City.  Because demand for the service is high, we will give priority to women who are currently experiencing domestic violence and abuse and women with complex or high needs |
| If you are wanting to make a referral to the **Sanctuary Scheme**, please contact Shaaron Johnson at Housing Aid Notitngham on 0115 9153000 |
| **When we will respond:**  The RISE Service will respond to your referral within 2 working days. |

**1. Information about the person making the referral**

|  |  |  |
| --- | --- | --- |
| Date of referral: |  | |
| **Please indicate which service you’d like to refer to:** | | |
| Crisis  Resettlement  Ongoing support | | |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name | Click here to enter text. | |
| Role/ job title | Click here to enter text. | |
| Contact number | Click here to enter text. | |
| Contact email | Click here to enter text. | |
| **Consent:** | | |
| Has the woman given consent to have the referral? | | Yes  No Don’t Know |

# 2. Woman’s Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Names** | | | | | |
| First name | Click here to enter text. | | | | |
| Last name |  | | | | |
| Other names | Click here to enter text. | | | | |
| What do they like to be called? | Click here to enter text. | | | | |
| Date of Birth | Click here to enter text. | | | | |
| National Insurance Number (if known) | Click here to enter text. | | | | |
| **Addresses** | | | | | |
| *Details Safe to contact?* | | | | | |
| Phone |  | | | to call  to text  to leave voicemail | |
| Email | Click here to enter text. | | |  | |
| Current address  (inc. postcode) | Click here to enter text. | | | to post | |
| Does the perpetrator live at this address? | Yes  No  Don’t Know | | | | |
| Safe contact notes | Click here to enter text. | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | |
| Name | Click here to enter text. | | Relationship | | Click here to enter text. |
| Contact information | Click here to enter text. | | | | |
| Safe contact notes | Click here to enter text. | | | | |
| **Access requirements** | | | | | |
| Does this woman have any access requirements (for example, braille documents) | Yes  No  Don’t Know | *If yes, please provide details:*  Click here to enter text. | | | |
| Does this woman require an interpreter? | Yes  No  Don’t Know | *If yes, please provide details:*  Click here to enter text. | | | |

1. **Equalities monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| How would this service user define their gender? | Female  Male  Other *(please specify):* Click here to enter text.  Don’t Know | | |
| Is their current gender different to the gender they were assigned at birth? | Yes  No  Don’t Know | | |
| The 2010 Equality Act defines disability as *‘a physical or mental impairment which has a substantial and long term adverse [negative] effect on their ability to carry out normal day to day activities’* | | | |
| Based on the definition above, do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health | | Deaf/ hearing impaired  Blind/ visually impaired  Other *(please specify):*  Click here to enter text.  Don’t Know |
| How would they describe their ethnicity? | | | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other *(please specify):*  Click here to enter text.  Don’t Know | |
| Do they have a faith/ religion? | | | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | | Muslim  Shinto  Sikh  Zoroastrian  Other *(please specify):*  Click here to enter text.  Don’t Know | |
| What is their sexual orientation? | Heterosexual/ straight  Gay woman/ Lesbian  Bisexual  Other *(please specify):* Click here to enter text.  Don’t Know | | |

1. **Woman’s support needs/ vulnerabilities**

|  |  |  |
| --- | --- | --- |
| **Please tell us more about any support needs the woman may have:** | | |
| Mental Health  Physical Health  Sexual Health  Substance misuse | | Aggressive behaviour  Self-harming/ suicidal feelings  Offending  Other *(please specify below)* |
| Click here to enter text. | |  |
| **Is the survivor currently pregnant**  **Due date** Click here to enter text. | | Yes  No  Don’t Know |
| **Are there any known risks to working with this woman?** | | |
| Click here to enter text. | |  |
| **What is the woman’s nationality?** | Click here to enter text. | |
| **(if not British National) What is her immigration status?** | Click here to enter text. | |
| **(if not British National) Do they have access to Public Funds?** | Yes  No  Don’t Know | |

# 5. Children

|  |  |
| --- | --- |
| **Please provide names and Date of Births for any children below:** | |
| Name | Date of Birth |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Alleged Perpetrator/s**

|  |  |
| --- | --- |
| **Please provide name/s and Date of Birth/s for alleged perpetrator/s below:** | |
| **Name** | Click here to enter text. |
| **Relationship to woman** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |
| **If there is more than one alleged perpetrator, please provide additional details in the box below:** | |
| Click here to enter text. | |

# 7. Reason for referral

|  |  |  |  |
| --- | --- | --- | --- |
| **Why are you making this referral – how could this woman benefit from our support?** | | | |
| Click here to enter text. | | | |
| Safety Planning  Court or legal support  Children’s issues  Tenancy issues  Resettlement/sanctuary required | | Support to moving to refuge  Money and debt  Immigration  Other *(please specify):* Click here to enter text. | |
| **Types of abuse** | | | |
| Domestic abuse  Forced Marriage  Female Genital Mutilation | Honour Based Violence  Trafficking | | Sexual exploitation  Other Please specify: |
| **Referred for support around:** | | | |
| ☐ Emotional/psychological  ☐ Financial | ☐ Physical  ☐ Sexual | | ☐ Coercive control  ☐ Harassment/stalking |
| **Please make sure you have attached the following:** | | | |
| DASH RIC  Other *(please specify):* Click here to enter text. | | | |

Thanks for taking the time to complete this referral.

Before you send the referral, please check that your referral meets the criteria set out on the first page of this documents, and that any relevant materials e.g. completed DASH RIC are attached. Details of how to make referral are on front sheet.

If you have any queries, please contact **a RISE worker on the Duty Desk on 0115 9884227**.

|  |  |
| --- | --- |
| ***OFFICE USE ONLY*** | |
| ***Woman’s Modus ID:*** | |
| ***Referral outcome*** | |
| Referral accepted? | Yes  No |
| Allocated to: | Click here to enter text. |
| **Please complete if the referral was rejected** | |
| Reason for rejection | Unable to contact client  Client does not want support  No space/ capacity to support  Ineligible for support (age)  Ineligible for support (borough/district/authority)  Ineligible for support (service description)  Unable to meet support needs around language  Unable to meet support needs around large family  Unable to meet support needs around mental health  Unable to meet support needs around disability  Unable to meet support needs around No Recourse to Public  Funds  Unable to meet support needs around drug and alcohol  Previous convictions for violent/sexual offences/ arson  Other |
| Referred/ signposted on to: | Another refuge  Another specialist Violence Against Women and Girls service  National Domestic Violence Helpline  Non-VAWG organisation/ service  Other |