

**Survivor Advocacy Support Service Nottingham City & South Nottinghamshire**

**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. **Please complete thoroughly** 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 queries regarding the City or County SASS services, please contact the service direct, or for enquiries relating to a specific referral, please contact the Hub.**

**Tel: 0115 947 5257 Monday – Friday 9.00am – 5.00pm**

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| **How to submit this referral:**  To submit your referral via secure email please send to**: juno.referrals@wais.cjsm.net**  To submit your referral via unsecure email please use this password to protect your document:  **#Emp0wer!**  and email to: **referrals@junowomensaid.org.uk** |
| **Supporting documentation (professionals only):**  Please attach the following documents to this referral:   * DASH RIC - IF YOU ARE A PROFESSIONAL, YOU MUST SEND A CURRENT DASH RIC WITH YOUR REFERRAL AS WE ARE UNABLE TO PROCESS ANY REFERRALS WITHOUT THIS SUPPORTING INFORMATION * any other risk assessments which are available * IF YOU A WOMAN WHO IS SELF REFERRING TO A COUNTY SERVICE, THIS IS NOT REQUIRED |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral: |  | | |
| **Please indicate which service you’d like to refer to:** | | | |
| NOTTINGHAM CITY | | NOTTINGHAMSHIRE COUNTY SOUTH (Ashfield, Broxtowe, Gedling & Rushcliffe) | |
| Crisis  One-to-one support  Complex Needs (R2C)  Freedom Programme  Teen Service | | Crisis  One-to-one support  Freedom Programme  Teen Service | |
| **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 |

# 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. | | |
| **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 (including safe contact times for example) | 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**

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| --- | --- | --- |
| **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. | | | |

Thank you for taking the time to complete this referral.