

REFERRAL FORM FOR EMAAN HOUSE DOMESTIC ABUSE REFUGE

This form must be completed for all referrals.

Please confirm that consent has been obtained from the client to share information with specified third party. Yes <input type="checkbox"/> No <input type="checkbox"/>
Verbal consent given by the client to share information? Yes <input type="checkbox"/> No <input type="checkbox"/>
DATA PROTECTION STATEMENT
Please ensure that the client is aware that the information gathered and included in the referral form is confidential and will be retained on file. This information will be shared with others on a need to know basis and will only be disclosed to third parties without the consent of client, if there is a significant risk of harm to a child or adult.
Data/confidentiality statement explained to the client by staff name: _____
Name of the client _____ has verbally agreed to the Data/confidentiality statement Date: _____

Referring Officer		Contact Details	
First Name:	Surname:	Tel No:	Agency:
Date of referral:		Email:	
Referral/Client Details:		Gender:	
First Name:	Surname:	DOB & Age:	
		Telephone:	
Current Address:			
		Postcode:	
Length of time at address:	Benefit Received:		
Immigration Status:	Tourist. Student. Work. Asylum Seeker. Refugee. Over Stayer. EEA National. Spouse. Other.....		Details of any ID: Evidence seen ?
Faith:	Ethnicity:		Languages spoken: Translator required Yes I No
Do you have children Yes I No		Is the client pregnant?	
How many children do you have?		Is the relationship irreconcilable Yes I No	
What are the ages of the children?			
Nature of Domestic and Sexual Violence			
Risk Assessment: (Please provide details)			
Mental Health	Schizophrenia	Learning Disabilities	
Have you ever self-harmed or had suicidal thoughts – if so provide details?			
Drug/Alcohol/Smoker		Physical Disabilities	

Any Other Needs?			
Support services Involved			
Services		Address/Telephone	
GP details:			
Mental Health services - CPN:			
Social Services Involvement:			
Probation Services/Police:			
Criminal Convictions or pending cases:			
Committed arson:		Yes:	No:
Any other agencies involved:			
Reason for Refuge space:			
Perpetrator details – Name/Address if different etc:			
Risk areas:			
Does the referral agree to be referred? Please highlight appropriate.			
Call	Texts	Voicemails	Whatsapp Y Emails Post
Yes:		No:	
Signed by Customer:		Dated:	
Signed by Agency Officer:		Dated:	

Once completed can you please forward the form to:

referrals@emaanrefuge.org

For an informal chat please contact the helpline on:

0121 517 1523