



DEVON DOMESTIC ABUSE SUPPORT SERVICE
REFERRAL FORM

The service provides support for:

- Individuals who have experienced domestic abuse;
- Children and young people who have witnessed domestic abuse;
- Individuals who live in the Devon County Council area;
- Individuals who have, or will have, their own permanent, self-contained accommodation (council tenancy, private rented, housing association or home owner);
- Or are in need of housing related support in order for them to access, establish and maintain safe and independent living in the community free from abuse.

Completed referrals to be sent via secure email: referrals.devon@splitz.org.cjsm.net or via Egress to admin.devon@splitz.org

Please attach a completed SafeLives DASH risk assessment

We will prioritise referrals according to need and risk. We aim to contact the client the same day and arrange support within 5 working days. **Please ensure referral forms have been completed in full.**

Information given will be treated as **strictly confidential**.

Referring Organisation:	Date of referral:
Name and job title of referring worker:	
Where did you hear about our service (self-referral only):	
Telephone number:	Email:

1) Service User Information		
Name:	Date of Birth:	
Gender:	Ethnicity:	
Address:		
	Marital status:	
	Sexual orientation:	
	Religion:	
Postcode:	Living with alleged perpetrator	YES/NO
	Safe address for post:	YES/NO
Landline:	Safe to phone:	YES/NO
	Safe to leave a message:	YES/NO
Telephone number:	Safe to phone:	YES/NO
	Safe to leave message:	YES/NO

Safe to text:

YES/NO

Mobile:

Safe Email:

Are there any specific safe times to make contact?

2) Children and Young People Information

Name: Gender: DOB: Disabilities: Safeguarding Plan: YES / NO

Social Worker:

Pregnant: If yes due date:

Child/Children living at same address as Service User (Please tick)
Child/Children living elsewhere (Please tick & comment below)

Comment:

3) Alleged Perpetrator information

Name: Gender:

Address: DOB:

Postcode: Ethnicity:

Relationship to person being referred:

Alleged perpetrator whereabouts:

Has there been any violent or aggressive behaviour from the alleged perpetrator to agency workers or other members of the public?

YES / NO

4) Current Situation, risk factors and concerns including recent incidents and any protective orders:

Other agencies involved:

GP details:

Children's School:

Support Requested: Outreach Support	YES / NO
Structured workshop	YES / NO
Information and guidance	YES / NO
Other (Please specify):	

5) Support Needs and Risk Assessment

Does the **SERVICE USER** require support in any of the following areas:

Are there any drug/alcohol/substance misuse issues?	YES / NO
Are there any mental health issues (including risk of suicide and self harm)?	YES / NO
Has there been any violent or aggressive behaviour?	YES / NO
Are there any criminal convictions/offending history?	YES / NO
Are you subject to or named in any protective orders (e.g. non-molestation order)?	YES / NO
Are there any risks of harm to children or young people?	YES / NO
Is there a risk of neglect or lack of self care	YES / NO
Are there any other risks?	YES / NO

Is there any housing needs	YES / NO
Are there any physical health issues or disabilities	YES / NO
Is English an additional language	YES / NO
Do you know your immigration status?	YES / NO
What type of Visa do you have?	YES / NO
Do you have independent leave to remain?	YES / NO
Do you know if you have access to public funds?	YES / NO

Do you need any help with the above if so please give details:

Signed (Service User):Date.....

Signed referring worker :Date:

If you have any questions regarding referral process, please contact the helpline on 0345 155 1074 (Monday to Friday 9am-5pm, excl. Public holidays)

Office use only

Referral accepted

Referral refusal

Refused – not DV Refused – Needs too high Refused – other Accepted – changed mind
Explanation for refusal given Right of appeal offered

Details of alternative options explained:

Self-referrals only:

Confidentiality discussed and consent given. Date:

Data protection discussed and consent given. Date: