|  |  |
| --- | --- |
| **Referral date** |  |
| **Agency name/borough** |  |
| **Referrer name/job title** |  |
| **Referrer contact email** |  |
| **Referrer contact telephone number** |  |
| **Referrer relationship to client** |  |
|  |
| **Please note that we cannot accept referrals without client knowledge and consent.** |
| **Is the client aware of the referral?** | Yes  |[ ]  No |[ ]

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| **Client Contact Details** |
| **Full name** |  |
| **Date of birth & Age** |  |
| **Contact number** |  |
| **Email address** |  |
| **Address** |  |
| **Has client access to public funds?**  | [ ]  Yes [ ]  No |
| **GP details** |  |
| **Are you pregnant or have recently have a baby?** | [ ]  Yes[ ]  No |

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| **Is it safe to...** |
| **Send post?** | Yes |[ ]  No |[ ]
| **Send emails?** | Yes |[ ]  No |[ ]
| **Send texts?** | Yes |[ ]  No |[ ]
| **Send instant messages on mobile?** | Yes |[ ]  No |[ ]
| **Leave voicemails/answerphone messages?** | Yes |[ ]  No |[ ]
| **Are there any other safety considerations we should be aware of when contacting the client i.e. does she live with the perpetrator?** | [ ]  Yes, please comment:[ ]  No |

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| **Maternity/Caring Responsibilities** |
| **Is the client pregnant?** | **Yes** |[ ]  **No** |[ ]
| **If yes, when is the baby due?** |
| **Does the client have any children?** | **Yes** |[ ]  **No** |[ ]
| **If yes, please give their ages.**  |

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| **Child(ren)’s details (add more rows if necessary)** |
| **Full name** | **Date of birth & Age** | **GP Details** | **School Details** | **Is child living with mother** |
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]

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| --- | --- | --- |
| **Does the client have any caring responsibilities other than children?** | **Yes** |[ ]  **No** |[ ]

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| **Perpetrator’s details**  |  |
| **Full name**  |  |
| **Nationality** |  |
| **Date of birth**  |  |
| **Address if different from survivor’s address** |  |
| **Alcohol, Mental Health or Drug Abuse involved?** | [ ]  Alcohol [ ]  Mental Health [ ]  Drugs[ ]  Other Aggravate: |

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| **Client Presenting Issues/Incidents (please tick all that apply)** |
|[ ]  **Childhood sexual abuse** |[ ]  **Rape - over 12 months ago** |
|[ ]  **Childhood sexual exploitation (CSE)** |[ ]  **Rape - within last 12 months** |
|[ ]  **Domestic violence**  |[ ]  **Sexual assault** |
|[ ]  **FGM (or ‘cutting’) violence** |[ ]  **Sexual bullying from peers (i.e. school)** |
|[ ]  **Forced marriage**  |[ ]  **Sexual exploitation (adult)** |
|[ ]  **Gang-related sexual**  |[ ]  **Sexual harassment** |
|[ ]  **‘Honour’-based violence**  |[ ]  **Stalking** |
|[ ]  **Prostitution**  |[ ]  **Trafficked into domestic servitude** |
|[ ]  **Rape - gang/multi-perpetrator** |[ ]  **Trafficked into sexual exploitation** |

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| **Ethnic Background** |
|[ ]  **Asian Bangladeshi** |[ ]  **Black African** |[ ]  **Middle Eastern** |
|[ ]  **Asian British** |[ ]  **Black British** |[ ]  **White British** |
|[ ]  **Asian Pakistani** |[ ]  **Black Caribbean** |[ ]  **White European** |
|[ ]  **Asian Indian** |[ ]  **Black Other** |[ ]  **Traveller/Roma** |
|[ ]  **Asian Other** |[ ]  **Irish**  |[ ]  **Other (please specify):** |
|[ ]  **Chinese** |[ ]  **Latin American** |[ ]  **Client prefers not to disclose** |

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| **Language Spoken** |
| [ ]  **English** | [ ]  **Spanish** | [ ]  **Portuguese** | [ ]  **Other:** |

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| **Disabilities** |
|[ ]  **Visual** |[ ]  **Hearing** |
|[ ]  **Learning/cognitive difficulty** |[ ]  **Mental health** |
|[ ]  **Mobility difficulty** |[ ]  **Long-term illness** |
|[ ]  **Other (please specify):** | [ ]  **No disability** |
|[ ]  **Client prefers not to disclose:** |

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| **Religion/Beliefs** |
|[ ]  **Agnostic** |[ ]  **Atheist**  |[ ]  **Buddhist**  |
|[ ]  **Christian** |[ ]  **Hindu**  |[ ]  **Humanist**  |
|[ ]  **Jain** |[ ]  **Jewish** |[ ]  **Muslim**  |
|[ ]  **Rastafarian** |[ ]  **Sikh** |[ ]  **Zoroastrian** |
|[ ]  **Other (please specify):**  |
|[ ]  **None/no religion** |
|[ ]  **Client prefers not to disclose** |

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| **Employment Status** |
|[ ]  **Employed full-time**  |[ ]  **Employed part-time**  |
|[ ]  **Self-employed full-time** |[ ]  **Self-employed part-time** |
|[ ]  **Student full-time** |[ ]  **Student part-time** |
|[ ]  **Unemployed**  |[ ]  **Receiving disability benefits** |
|[ ]  **Carer** |[ ]  **House worker** |
|[ ]  **Retired** |[ ]  **No recourse to public funds (NRPF)** |
|[ ]  **Client prefers not to disclose** |

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| **Sexual Orientation** |
|[ ]  **Bisexual** |[ ]  **Heterosexual** |[ ]  **Lesbian** |
|[ ]  **Client unsure** |[ ]  **Queer** |[ ]  **Other** |
|[ ]  **Client prefers not to disclose** |

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| **Does the client identify as transgender?** | **Yes** |[ ]  **No** |[ ]
| [ ]  **Client prefers not to disclose** |

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| **Relationship Status** |
|[ ]  **Married** |[ ]  **In a relationship/cohabiting** |[ ]  **Civil partnership** |
|[ ]  **Single** |[ ]  **Divorced/separated** |[ ]  **Widowed** |
|[ ]  **Client prefers not to disclose** |

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| **Safeguarding** |
| **Is there any safeguarding concern?** | [ ]  Children Safeguarding Concern[ ]  Adult Safeguarding Concern |
| **Actions proposed to ensure client’s safety:** |  |
| **Actions already in place to ensure client’s safety:** |  |
| **Is there any other professional involved in the case?** | If yes please provide details: |
| **Do you know of any risk issues?** | [ ]  **Yes** | [ ]   **No** |
| If yes, please give details, including your agency’s involvement/interventions. |
|  |

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| **Please briefly detail the client’s experiences/presenting issues/issues and concerns, including details of her involvement with your agency.** Please note that if this section is left blank referrals will be returned. |
|  |

**Completed referrals should be sent to** **referrals@lawadv.org.uk**