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| **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**](mailto:referrals@lawadv.org.uk)