

Referral Assessment Form

A2Dominion Domestic Abuse Services

This form is used to complete a referral and assessment into the A2Dominion Domestic Abuse Services (ADAS) helpline and access service.

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| **This is a confidential document**The information you provide will be handled confidentially and in line with the Data Protection Act. However, we may be required to share this information with authorised bodies if it presents a safeguarding concern or relates to a crime. If you would like a copy of this Referral Assessment form you must arrange this via our Subject Access Request process – speak to us for more information. |

Statement of consent – **this must be completed in all cases**

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| I have requested, or fully consent to, a referral to be made to A2Dominion Domestic Abuse Services (ADAS) because I wish to receive advice, guidance and/or support around domestic abuse. I understand that this is completely voluntary on my part, and I can change my mind at any time. As such, I consent for my details to be recorded and processed by ADAS in order to offer me this service. |
| **Either**[ ]  I confirm the above statement.Client’s full name: Click or tap here to enter text.Date: Click or tap to enter a date.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Or**[ ]  I confirm the above statement on behalf of and by direction of the named client.Name: Click or tap here to enter text. Role: Click or tap here to enter text.Organisation: Click or tap here to enter text. Email: Click or tap here to enter text. Phone: Click or tap here to enter text. Date: Click or tap to enter a date.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments (if consent has been gained verbally): Click or tap here to enter text. |
| **Service(s) requested (select any that apply):** |
| [ ]  Advice (by phone or email) [ ]  Phone support [ ]  Refuge [ ]  Not sure | [ ]  Signposting & information[ ]  Face-to-face support (including outreach)[ ]  Group-work programmes (e.g. Freedom Programme) [ ]  Other (if you can, please say a few words about what you’re looking for): Click or tap here to enter text. |

My details (can be completed by professionals with the client’s consent)

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s full name | Click here to enter text. | Given name (if different) | Click here to enter text. |
| Previous names | Click here to enter text. | Other aliases | Click here to enter text. |
| Date of birth | Click here to enter a date. | Contact number | Click here to enter text. |
| Borough/district of origin | Click here to enter text. | Current borough/ district | Click here to enter text. |
| Address and postcode | Click here to enter text. |
| Does alleged perpetrator live here? | Yes [ ]  No [ ] Don’t know [ ]   | If no, please state address/location (in as much detail as possible): Click here to enter text. |
| Type of accommodation | Choose an item. |
| Phone number | Option 1: Click here to enter text. Type: Click here to enter text. Safe for msg? [ ]  Option 2: Click here to enter text. Type: Click here to enter text. Safe for msg? [ ]  Option 3: Click here to enter text. Type: Click here to enter text. Safe for msg? [ ]  Safe call times: Click here to enter text. |
| Email address | Click here to enter text. Safe to email? [ ]  |
| Gender | Choose an item. | Relationship status | Choose an item. |
| Transgender | Choose an item. | Religion | Choose an item. |
| Ethnicity | Choose an item. | Sexual Orientation | Choose an item. |
| Disability | Choose an item. | Notes/comments | Click here to enter text. |
| Language(s) spoken | Click here to enter text. | Is an interpreter needed? | Yes [ ]  No [ ]  |
| Other info | I also experience the following: Past CurrentMental health issues [ ]  [ ] Drug misuse [ ]  [ ] Alcohol misuse [ ]  [ ] Adult social services involvement [ ]  [ ] If current involvement, please state name and contact details for Social Worker:Click here to enter text. |

My children (can be completed by professionals with the client’s consent)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full child’s name | Given name (if different) | Date of birth | Lives with me? | Perpetrator’s child? | Comments/ support needs |
| 1st child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| 2nd child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| 3rd child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| 4th child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| 5th child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| 6th child | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| Is there any involvement with Children’s Services? Yes [ ]  No [ ] If yes, name of Social Worker: Click here to enter text.Contact details: Click here to enter text.Reason for involvement: Click here to enter text. |

Alleged perpetrator’s details (can be completed by professionals with the client’s consent)

|  |  |  |  |
| --- | --- | --- | --- |
| Alleged perpetrator’s full name | Click here to enter text. | Given name (if different) | Click here to enter text. |
| Aliases | Click here to enter text. | Type of employment | Click here to enter text. |
| Nature of relationship | Click here to enter text. | Status of relationship | Click here to enter text. |
| Date of birth | Click here to enter a date. | Age | Click here to enter text. |
| Gender | Choose an item. | Relationship status | Choose an item. |
| Ethnicity | Choose an item. | Notes/comments | Choose an item. |
| Please give the same details for any additional alleged perpetrators, or family members of the alleged perpetrator who may pose a risk (stating the nature of the relationships and risks)Click here to enter text. |

Background: details of the abuse (can be completed by professionals with the client’s consent)

|  |  |  |  |
| --- | --- | --- | --- |
| Date relationship began | Click here to enter a date. | Date abuse began | Click here to enter a date. |
| Date relationship ended | Click here to enter a date. | Seeking support around | Current abuse [ ] Past abuse [ ]  |
| Date fled (if applicable) | Click here to enter a date. | Comments | Click here to enter a date. |
| **Have you experienced any of the following?** |
| Threats to kill you [ ] Physical injury requiring treatment by a GP [ ] Attempted strangulation or suffocation [ ]  Physical injury requiring treatment at A&E [ ] or hospital  | Harm to or loss of an unborn child [ ]  Surveillance or harassment (online or [ ] through social media) Feeling depressed and/or having suicidal [ ]  thoughts Self-harm as a way of coping [ ]  |
| Number of previous abusive relationships | Click here to enter text. | Direct experience of domestic abuse as a child (including as a witness) | Yes [ ]  No [ ]  Can’t remember [ ]   |
| Please describe the abuse – what has been happening? | Click here to enter text. |

**Thank you for supplying us with this information, which will help us to respond sensitively to your situation. The information you provide us will be treated in the strictest confidence.**