**Barnet Sanctuary Scheme Referral Form**

Please send the completed form to [barnetsanctuaryscheme@barnethomes.org](mailto:barnetsanctuaryscheme@barnethomes.org)

**Referral criteria:**

* Victim is at risk of domestic abuse and is a resident of London Borough of Barnet
* Survivor wants to remain in their property.
* Consent is required from survivor and landlord (we need the landlord’s permission before doing any work not at the point of referral)
* Survivor is the sole tenant or a joint tenant/owner with an occupational order
* Alleged perpetrator has no legal right to enter the property

1. **Consent’s Consent**

Consented referral to Barnet Sanctuary Scheme Yes  No

Consented referral to Fire BrigadeYes  No

**(***for Home Fire Safety Visit Service- giving fire safety advice and if required fitting free smoke alarms including specialists smoke alarms for the hard hearing and visually impaired survivors and fireproof letter box***)**

1. **Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date of referral** | Click or tap to enter a date. |
| **Organisation** |  | **Email** |  |

1. **Survivor’s Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name | |  | | DOB | | |  | | |
| **Contact Method** | **Details** | | | | | **Safety details** | | | |
| Telephone |  | | | | | Safe to call? Yes  No  Safe to text? Yes  No  Safe to leave voicemails? Yes  No | | | |
| Email address |  | | | | | Safe to email? | | | Yes  No |
| Gender |  | | | | |  | | |  |
| Nationality |  | | | | | Ethnicity | | |  |
| National Insurance Number |  | | | | | Number of bedrooms | | |  |
| Employment |  | | | | |  | | |  |
| Address |  | | | | | Is the service user living with the alleged perpetrator? | | | Yes  No |
| Type of tenancy |  | | | | | Tenancy/deed | |  | |
| Length of residence |  | | | | | Type of property | |  | |
| Landlord’s details |  | | | | | | | | |
| Are there any /risks to be aware of? |  | | | | | | | | |
| **Additional Support Needs and Vulnerabilities Please give details and any support services** | | | | | | | | | |
| Is the survivor pregnant | | | Yes  No | |  | | | | |
| Language Supported needed | | | Yes  No | |  | | | | |
| Mental health issue | | | Yes  No | |  | | | | |
| Alcohol or drug use | | | Yes  No | |  | | | | |
| Physical health issue | | | Yes  No | |  | | | | |
| Does the service user have recourse to public funds? | | | Yes  No | |  | | | | |

1. **Children’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | Date of Birth | Gender | Relationship to survivor | Living with survivor |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Alleged Perpetrator**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |
| Gender |  | Relationship to victim |  |

1. **Protective Measures**

|  |  |  |
| --- | --- | --- |
|  | **Provide Details including duration of order or expiry date** | |
| Is a non-molestation order or restraining order in force? | Yes  No |  |
| Is there an occupation order in force? | Yes  No |  |
| What are the bail conditions, if applicable | Yes  No |  |

1. **Reason for referral**

|  |
| --- |
|  |

**Sanctuary Scheme Coordinator will get in touch with client within 48 hours.**