**Barnet Sanctuary Scheme Referral Form**

Please send the completed form to 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.**