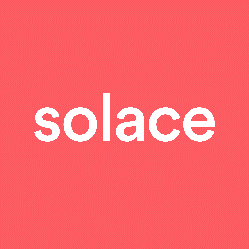
**Referral Form – Barnet SASS**

Please send the referral email encrypted barnet.gov.uk where we can use a one time password or to our secure email.

[barnet.advocacy@solacewomensaid.org](mailto:barnet.advocacy@solacewomensaid.org) (encrypted) or CJSM: [sass.barnet@solacewomensaid.cjsm.net](mailto:sass.barnet@solacewomensaid.cjsm.net) (Secure)

Barnet SASS provides practical and emotional to anyone resides in the Borough of Barnet and experiencing domestic abuse, honour based violence and forced marriage.

1. **Service user consent**

|  |  |
| --- | --- |
| **Has the service user consented to this referral? Date of referral** | Choose an item.  Click here to enter a date. |

**Please note we cannot accept referrals where the service user has not consented to being referred.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which service you would like to refer to (tick all services required by the service user)** | | | |
| Advocacy & Support |  | Counselling |  |
| Group work |  |  |  |

1. **Referrer details**

|  |  |
| --- | --- |
| Referrer name and Job Title |  |
| Agency (incl. department/team) |  |
| Type of agency (e.g. Housing, Social Care etc.) |  |
| Contact number |  |
| Contact email address |  |

1. **Service user contact details**

|  |  |  |
| --- | --- | --- |
| First name |  | |
| Last name |  | |
| Other/previous names |  | |
| Date of Birth | Click here to enter a date. | |
| **Contact Method** | **Details** | **Safety** (we would call a contact method safe if no-one else other than the service user has access to it, i.e. if perpetrator can access texts it is not safe to text) |
| Telephone  **Please inform service user that we call from a withheld number** | Click here to enter text. | Safe to call? Yes  No  Safe to text? Yes  No  Safe to leave voicemails? Yes  No |
| Email address | Click here to enter text. | Safe to email?  Yes  No |
| Address | Click here to enter text. | Is the service user living with the perpetrator? Yes  No |

1. **Reason for referral**

|  |  |  |  |
| --- | --- | --- | --- |
| Why are you referring the service user? Please describe the main issues relating to the domestic abuse i.e. frequency, when it began, if there has been physical abuse or recent separation: | | | |
| **Basic history** | | | |
| **Most recent incident** | | | |
| **What are the service user’s priorities in terms of the support required?** | | | |
| **Has the service user ever been referred to MARAC?** | | Yes  Click here to enter a date.  No  Don’t know | |
| **Types of abuse experienced by service user (please tick all that apply)** | | | |
| Coercive control/ controlling behaviour |  | CPV (Child to Parent abuse) |  |
| Emotional/ psychological abuse |  | HBV (Honour-based violence) |  |
| Physical abuse |  | Forced marriage |  |
| Sexual violence/ abuse |  | Sexual exploitation |  |
| Verbal abuse |  | Trafficking |  |
| Financial abuse |  | FGM (Female genital mutilation) |  |
| Harassment/ Stalking |  | Other type of abuse (please specify) Click here to enter text. | |

1. **Children in the household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list all children under 18 whether related to service user and/or perpetrator** | | | | |
| **Full name** | **DOB** | **Ethnicity** | **Relationship to service user** | **With whom do children reside?** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
| School(s) if known | | Click here to enter text. | | |
| Disabilities (please specify) | | Click here to enter text. | | |
| Known to Children’s Social Care? (please specify allocated worker if known) | | Click here to enter text. | | |

1. **Perpetrator(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please provide alleged perpetrator(s) details** | | | | |
| **Full name** | **DOB** | **Gender** | **Ethnicity** | **Relationship to service user** |
|  | Click here to enter a date. | Choose an item. | Choose an item. |  |
| Address if different to service user? | |  | | |
| If partner or ex-partner, length of relationship with service user? | |  | | |

1. **Equalities monitoring**

|  |  |
| --- | --- |
| **How does the service user describe their:** | |
| Gender identity | Choose an item. |
| Is their gender identity the same as they were assigned at birth? | Choose an item. |
| Nationality | Click here to enter text. |
| Ethnicity | Choose an item. |
| Relationship status | Choose an item. |
| Religion/ faith | Choose an item. |
| Sexual orientation | Choose an item. |
| Disability | Choose an item. |
| ***Details re the above i.e. disability/ ethnicity*** | Click here to enter text. |

1. **Risk from service user**

|  |  |
| --- | --- |
| Do you know of any potential risk this service user may pose to our workers? | Yes  No |
| **If yes, please provide details:** Click here to enter text. | |

1. **Accessibility requirements**

|  |  |
| --- | --- |
| **Does the service user require:** | |
| Specific requirements e.g. wheelchair ramp, hearing loop | Choose an item.  If yes, please give details: |
| Language interpreter? | Choose an item. |
| Please state which language: | Click here to enter text. |
| Languages spoken by service user: | Click here to enter text. |

1. **Additional vulnerabilities**

|  |  |
| --- | --- |
| Is the service user pregnant? | Choose an item. |
| Does the service user need support around mental health? | Choose an item.  If yes, please give details: |
| Does the service user need support around use of drugs? | Choose an item.  If yes, please give details: |
| Does the service user need support around use of alcohol? | Choose an item.  If yes, please give details: |
| Does the service user need support around offending? | Choose an item.  If yes, please give details: |
| Does the service user have recourse to public funds? | Choose an item. |
| What is the service user’s immigration status? | Choose an item. |
| Any other useful/ important information about the service user’s support needs: | Click here to enter text. |

1. **Service user’s emergency contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of service user’s next of kin/ someone who can be safely contacted in case of emergency** | | | |
| **Name** | **Relationship** | **Phone Number** | **Safe to contact?** |
|  | Click here to enter text. | Click here to enter text. | Yes  No |