***This form is for the sole purpose of accessing the Refuge and to be completed by the referring agency or institution. Other services on the website are self-referral through email or contact form****.*

|  |  |
| --- | --- |
|  | **SERVICE CLIENT WANT TO ACCESS** |
| GROUP | **18-65YRS ADULT** |
| **Safe Accommodation**  **IDVA service**  **Wellness Therapy**  **Career Support & Business Start-up**  **Counselling (Adult Women only)**  **Welfare Scheme** |  |
|  | **CLIENT’S DETAILS** |
| Client’s Name & Surname |  |
| Client’s Address |  |
| Client’s Phone |  |
| Client’s DOB |  |
| Client’s Citizenship |  |
| Does Client have a Right to Stay |  |
| Does Client Work? |  |
| Where Does She work? |  |
|  | **CLIENT SUPPORT NEEDS** |
| Additional or Special Needs of Clients |  |
| Does the client consider themselves to have any form of disability. | YES NO  If YES, give details |
| Does the client have any accessibility requirement eg hearing loop, braille documents. | YES NO  If Yes, give details |
| Does the client require an interpreter? | YES NO  If YES, give language details |
| Does the client prefer face-to-face or remote support | Face-to-Face Remote |
|  | **CHILDREN’S DETAILS** |
| Children Details (Names, Ages & Gender) |  |
| Additional or Special Needs of Children |  |
|  | **SAFETY AND BACKGROUND ABUSE INFORMATION** |
| Is Client currently living with the abuser |  |
| Is the parent of client currently in an abusive relationship |  |
| Is the young person currently in abusive relationship |  |
| Do the children currently have contact with alleged perpetrator |  |
| If YES | State current situations and any court orders either in place or pending. Use separate sheet if necessary |
| Is DASH Risk completed?  High/Medium/Low |  |
| Perpetrator’s Name and Address |  |
| **Is the client seeking support around:** | Historic abuse ☐ Current abuse ☐ Historic & current abuse ☐ |
|  | **REASONS FOR REFERRAL** |
| **State reasons for referral.**  **Please also include any safety concerns, especially around making initial contact. Continue on back if in need of more space.** |  |
|  | **REFERRAL AGENCY/INDIVIDUAL REFERRAL** |
| Name of Agency |  |
| Agency Address |  |
| Contact Name |  |
| Contact Phone |  |
| Contact Email |  |
| Contact Role |  |
| Contact Signature |  |
| Date |  |
| If Self-referral, where did you hear about us? |  |

**Complete and forward to info@safearms.org.uk**