**NEWCASTLE REFERRAL FORM**

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| **Email completed form to:** referrals@myharbour.org.uk**or secure email:**  harbour.referrals@harbourdas.cjsm.net**Telephone:** 03000 20 25 25 |

This referral form should be used to refer an individual causing harm through abuse. Details are required on both the abusive person and the person or persons experiencing abuse. Harbour will share the information provided with Changing Lives who will attempt to make contact with the person experiencing abuse.

**1. THE REFERRER**

|  |  |  |  |
| --- | --- | --- | --- |
| Time & Date |       | Telephone Number |       |
| Job Title of Referrer |       | Name of Referrer |       |
| Email Address of Referrer |       | Agency |       |

**2. PERSONAL DETAILS**

**PERSON EXPERIENCING DOMESTIC ABUSE PERSON USING VIOLENCE/ABUSE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of person experiencing domestic abuse | Date of Birth |  [ ] M  [ ]  F  [ ]  Trans [ ]  Non-Binary |  | Name of person using violence/abuse | Date of Birth |  [ ] M  [ ]  F  [ ]  Trans [ ]  Non-Binary |
|       |       |  |       |       |  |
| Other Known Names | Telephone Number | Other Known Names | Telephone Number |
|       |       |       |       |
| Email Address: |       | Email Address: |       |
| Address:  | Postcode:  | Address: | Postcode: |
|       |       |       |       |
| Is the address, email & tel number above safe to use? If not, give alternative contact details. | [ ] Y [ ] N | Are there ongoing private law proceedings? | [ ] Y [ ] N | If yes give Details:       |
| Is an interpreter needed? If yes, give details.  | [ ] Y [ ] N | Alternative Details:       | Is the person pregnant? | [ ] Y [ ] N | Details:       |
| Is the person pregnant? | [ ] Y [ ] N | Details:       | Is there an ongoing criminal case? | [ ] Y [ ] N | Details:       |
| Are they aware of the referral and do they consent to Harbour & Changing Lives storing the details you are providing about them? | [ ] Y [ ] N | Details:       | Are they currently on bail? | [ ] Y [ ] N | Details:       |
|  |  |  |  | Are there any known risks to professionals? | [ ] Y [ ] N | Details:       |
|  | Are they aware of the referral and do they consent to Harbour and Changing Lives storing the details you are providing about them? | [ ] Y [ ] N | Details:       |

**CHILDREN AND YOUNG PEOPLE’S DETAILS -** Detail any children/young people within the family – Continue on a separate sheet if needed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  | [ ] M [ ]  F [ ]  T  |
| Relationship to person experiencing domestic abuse      |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ] N | Details:       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ] N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ] N | Details:      |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  | [ ] M [ ]  F [ ]  T |
| Relationship to person experiencing domestic abuse      |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ] N | Details:       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ] N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ] N | Details:      |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child/young person |       | Date of Birth |       | Gender:  | [ ] M [ ]  F [ ]  T |
| Relationship to person experiencing domestic abuse |       |
| Does the child/young person live at the same address as the person experiencing domestic abuse? If no, give details | [ ] Y [ ] N | Details:       |
| Are there Child Protection or Child in Need issues? If yes, give details. | [ ] Y [ ] N | Details:     Category of CP:       | Is the young person pregnant? | [ ] Y [ ]  N |
| Does the child have a Social Worker? If yes, give details including Social Worker’s name and contact information | [ ] Y [ ] N | Details:      |

**OTHER SIGNIFICANT FAMILY MEMBERS – Continue on a separate sheet if needed**

Detail any other significant family members, especially if they are living within the household and/or they may be vulnerable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (including surname) | Date of Birth | Same Address? | Gender | Telephone number | Relationship to family |
|       |       | [ ] Y [ ]  N | [ ] M [ ]  F  |       |       |
|       |       | [ ] Y [ ]  N | [ ] M [ ]  F  |       |       |

**3. BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| Reason for referral |       |
| Is any member of the family on MARAC/MAPPA? If yes, give details.  | [ ] Y [ ]  N [ ] Unknown | Name(s) of person(s) on MARAC/MAPPA:       | Details:       |
| Have you completed the DASH risk assessment? If yes, give details | [ ] Y [ ]  N  | Details:       |
| Does this family have any additional needs which are known to the referrer in addition to domestic abuse? If yes, give details. | [ ] Y [ ]  N  | Details:       |

**4. CONFIRMATION**

I CONFIRM THAT THE GIVEN ARE ACCURATE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSIONS MAY RESULT IN ANY OFFERS OF SERVICE WITHDRAWN.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature/name of referrer |       | Date |      |

Additional Information: