**Survivor Advocacy Support Service Nottingham City & South Nottinghamshire**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the woman as safely and quickly as possible. **Please complete thoroughly** as this saves the service user from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**If you have any queries regarding the City or County SASS services, please contact the service direct, or for enquiries relating to a specific referral, please contact the Hub.**

**Tel: 0115 947 5257 Monday – Friday 9.00am – 5.00pm**

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| **How to submit this referral:** To submit your referral via secure email please send to**: juno.referrals@wais.cjsm.net**To submit your referral via unsecure email please use this password to protect your document: **#Emp0wer!** and email to: **referrals@junowomensaid.org.uk**  |
| **Supporting documentation (professionals only):**Please attach the following documents to this referral: * DASH RIC - IF YOU ARE A PROFESSIONAL, YOU MUST SEND A CURRENT DASH RIC WITH YOUR REFERRAL AS WE ARE UNABLE TO PROCESS ANY REFERRALS WITHOUT THIS SUPPORTING INFORMATION
* any other risk assessments which are available
* IF YOU A WOMAN WHO IS SELF REFERRING TO A COUNTY SERVICE, THIS IS NOT REQUIRED
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**1. Information about the person making the referral**

|  |  |
| --- | --- |
| Date of referral:  |  |
| **Please indicate which service you’d like to refer to:**  |
| NOTTINGHAM CITY | NOTTINGHAMSHIRE COUNTY SOUTH (Ashfield, Broxtowe, Gedling & Rushcliffe) |
| [ ]  Crisis [ ]  One-to-one support [ ]  Complex Needs (R2C) [ ]  Freedom Programme [ ]  Teen Service  | [ ]  Crisis [ ]  One-to-one support [ ]  Freedom Programme [ ]  Teen Service  |
| **Please enter your name and contact details:**  |
| Referrer’s name  |  |
| Organisation name  |  Click here to enter text. |
| Role/ job title  |  Click here to enter text. |
| Contact number  |  Click here to enter text. |
| Contact email  |  Click here to enter text. |
| **Consent:**  |
| Has the woman given consent to have the referral?  | Yes [ ]  No[ ]   |

# 2. Woman’s Contact Information

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| **Names**  |
| First name  |  Click here to enter text. |
| Last name  |  |
| Other names  |  Click here to enter text. |
| What do they like to be called?  |  Click here to enter text. |
| Date of Birth  |  Click here to enter text. |
| **Addresses**  |
|  ***Details Safe to contact?***  |
| Phone  |  | [ ]  to call [ ]  to text[ ]  to leave voicemail |
| Email  |  Click here to enter text. | [ ]  |
| Current address (inc. postcode) |  Click here to enter text. | [ ]  to post |
| Does the perpetrator live at this address? | [ ]  Yes [ ]  No [ ]  Don’t Know  |
| Safe contact notes (including safe contact times for example) |  Click here to enter text.  |
| **Access requirements**  |
| Does this woman have any access requirements (for example, braille documents)  | [ ]  Yes [ ]  No [ ]  Don’t Know  | *If yes, please provide details:* Click here to enter text. |
| Does this woman require an interpreter?  | [ ]  Yes [ ]  No [ ]  Don’t Know | *If yes, please provide details:*Click here to enter text. |

1. **Equalities monitoring**

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| How would this service user define their gender?  | [ ]  Female [ ]  Male Other *(please specify):* Click here to enter text. [ ]  Don’t Know  |
| Is their current gender different to the gender they were assigned at birth?  | [ ]  Yes [ ]  No [ ]  Don’t Know |
| The 2010 Equality Act defines disability as *‘a physical or mental impairment which has a substantial and long term adverse [negative] effect on their ability to carry out normal day to day activities’* |
| Based on the definition above, do they consider themselves to have any kind of disability? (please tick any that apply)  | [ ]  Physical [ ]  Learning [ ]  Mental Health  | [ ]  Deaf/ hearing impaired [ ]  Blind/ visually impaired  Other *(please specify):*  Click here to enter text.[ ]  Don’t Know  |
| How would they describe their ethnicity?  |
| [ ]  White British [ ]  White Irish [ ]  White Gypsy or Irish Traveller [ ]  Any other White background [ ]  Asian British [ ]  Asian Indian [ ]  Asian Pakistani [ ]  Asian Bangladeshi [ ]  Any other Asian background [ ]  Chinese [ ]  Arab  | [ ]  White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Any other mixed/ multiple background [ ]  Black British [ ]  Black African[ ]  Black Caribbean [ ]  Any other Black background Other *(please specify):* Click here to enter text.[ ]  Don’t Know  |
| Do they have a faith/ religion?  |
| [ ]  No religion [ ]  Bahai [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Jain | [ ]  Muslim [ ]  Shinto [ ]  Sikh [ ]  Zoroastrian  Other *(please specify):*  Click here to enter text.[ ]  Don’t Know  |
| What is their sexual orientation?   | [ ]  Heterosexual/ straight [ ]  Gay woman/ Lesbian [ ]  Bisexual Other *(please specify):* Click here to enter text. [ ]  Don’t Know  |

1. **Woman’s support needs/ vulnerabilities**

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| **Please tell us more about any support needs the woman may have:**  |
| [ ]  Mental Health [ ]  Physical Health [ ]  Sexual Health [ ]  Substance misuse  | [ ]  Aggressive behaviour [ ]  Self-harming/ suicidal feelings [ ]  Offending Other *(please specify below)*  |
| Click here to enter text. |  |
| **Is the survivor currently pregnant****Due date** Click here to enter text. | [ ]  Yes [ ]  No [ ]  Don’t Know |
| **Are there any known risks to working with this woman?** |
| Click here to enter text. |  |
| **What is the woman’s nationality?**  | Click here to enter text. |
|  **(if not British National) What is her immigration status?**  | Click here to enter text. |
| **(if not British National) Do they have access to Public Funds?** | [ ]  Yes [ ]  No [ ]  Don’t Know |

# 5. Children

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| **Please provide names and Date of Births for any children below:**  |
| Name  | Date of Birth  |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Alleged Perpetrator/s**

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| --- |
| **Please provide name/s and Date of Birth/s for alleged perpetrator/s below:**  |
| **Name**  | Click here to enter text. |
| **Relationship to woman**  | Click here to enter text. |
| **Address**  | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |
| **If there is more than one alleged perpetrator, please provide additional details in the box below:** |
| Click here to enter text. |

# 7. Reason for referral

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| **Why are you making this referral – how could this woman benefit from our support?**  |
| Click here to enter text. |
| [ ]  Safety Planning[ ]  Court or legal support[ ]  Children’s issues [ ]  Tenancy issues [ ]  Resettlement/sanctuary required | [ ]  Support to moving to refuge[ ]  Money and debt[ ]  Immigration [ ]  Other *(please specify):* Click here to enter text. |
| **Types of abuse** |
| [ ]  Domestic abuse [ ]  Forced Marriage [ ]  Female Genital Mutilation | [ ]  Honour Based Violence [ ]  Trafficking  | [ ]  Sexual exploitation [ ]  Other Please specify: |
| **Referred for support around:** |
| ☐ Emotional/psychological ☐ Financial  | ☐ Physical ☐ Sexual  | ☐ Coercive control ☐ Harassment/stalking  |
| **Please make sure you have attached the following:**  |
| [ ]  DASH RIC [ ]  Other *(please specify):* Click here to enter text.  |

Thank you for taking the time to complete this referral.