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| **Referrer’s name** |  |
| **Organisation** |  |
| **Job title** |  |
| **Contact number** |  |
| **Email** |  |
| **Involvement with the family (*please provide details)*** |  |
| **Date of referral** |  |
| **Reason for referral**(*Please delete as appropriate*) | Case Management – Practitioner Support/ConsultationPerpetrator Outreach ServicePerpetrator Risk AssessmentIdentification of support needs of victim/survivor |

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| **Client Information*****Please state n/a if information was provided on a referral via the Single Point of Access (******PP.Advice@essexchange.cjsm.net******)*** |
| **Perpetrator DETAILS**  | **Victim DETAILS**  |
| **Full Name** |  | **Full Name** |  |
| **DOB** |  | **DOB** |  |
| **Address** |  | **Address** |  |
| **Phone no.** |  | **Phone no.** |  |
| **Children’s details – name/dob/gender** |  | **Children’s details – name/dob/gender**  |  |

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| **Contact with children named above** |  | **Contact with children named above**  |  |
| **Employment status** |  | **Employment status** |  |
| **Ethnicity\*** |  | **Ethnicity\*** |  |
| **Religion\*** |  | **Disability\*** |  |
| **Disability\*** |  | **First Language\*** |  |
| **First Language\*** |  | **Victim referred to Domestic Abuse service (Changing Pathways; Next Chapter; SOSDAP)?**  | Yes/No (*Delete as appropriate)* **Please provide details** |
| **Sexual Orientation\*** |  |
| **Risk to professionals** | **Yes/No** (please providedetails) |
| **Consent given to refer?** | **Yes/No** (please delete as appropriate) |

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| **Current concerns and pattern of abusive behaviour (Perpetrator only)*****Please provide as much information as possible and highlight any criminal convictions/Cautions for domestic violence offences. Please note if the client attended a Building Better Relationships Programme through the Probation Service*** |
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**Are these External Agencies Involved? (Please tick all that apply)**

**P = Perpetrator V = Victim**

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|  | **P** | **V** |  | **P** | **V** |  | **P** | **V** |
| CAFCASS |  |  | Mental Health Support |  |  | Health Services |  |  |
| Vulnerable Adult Services |  |  | CRC/NPS (Probation) Services |  |  | Victim Support Services |  |  |
| Drug and Alcohol Agency |  |  | Counselling |  |  | Other (please provide details) |  |  |

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**Please email referrals to:** **outreach@essexchange****.cjsm.net**

**Diversity Monitor Sheet**

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| Ethnicity1 – Asian or Asian British – Bangladeshi2 – Asian or Asian British – Chinese3 – Asian or Asian British – Indian4 – Asian or Asian British – Pakistani5 – Asian or Asian British – Other6 – Black or Black British – African7 – Black or Black British – Caribbean8 – Black or Black British – Other9 – Mixed – White and Asian10 – Mixed – White and Black African11 – Mixed – White and Black African12 – Mixed Other13 – White – British14 – White – Irish15 – White – Other16 – Other17 – Prefer not to sayReligion1 – Buddist2 – Christian (all denominations)3 – Hindu4 – Jewish5 – Muslim 6 – Sikh7 – Other8 – None9 – Prefer not to sayDisability1 – Blind/Partially Sighted2 – Dead/Hearing Impaired3 – Dyslexia4 – Mental Health Difficulties5 – Personal Care Support Requirements6 – Unseen disabilities7 – Wheelchair/mobility issues8- Other9 – None10 – Prefer not to say | First Language1 – Albanian/Kosovan2 – Arabic3 – Bengali4 – British sign language5 – Chinese (Cantonese)6 – Chinese (Madarin)7 – Croatian8 – English9 – Farsi/Persian10 – French11 – German12 – Greek13 – Gujarati14 – Hindi15 – Italian16 – Japanese17 – Polish18 – Portuguese19 – Punjabi20 – Romanian21 – Russian22 – Serbian 23 – Somali24 – Spanish25 – Swahili26 – Turkish27 – Urdu28 – Other29 – Prefer not to saySexual Orientation1 – Asexual2 – Bisexual3 – Gay4 – Heterosexual5 – Lesbian6 – Transgender7 – Other8 – Prefer not say |