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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/Consultation  Perpetrator Outreach Service  Perpetrator Risk Assessment  Identification 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***](mailto: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**](mailto:outreach@essexchange)**.cjsm.net**

**Diversity Monitor Sheet**

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| Ethnicity  1 – Asian or Asian British – Bangladeshi  2 – Asian or Asian British – Chinese  3 – Asian or Asian British – Indian  4 – Asian or Asian British – Pakistani  5 – Asian or Asian British – Other  6 – Black or Black British – African  7 – Black or Black British – Caribbean  8 – Black or Black British – Other  9 – Mixed – White and Asian  10 – Mixed – White and Black African  11 – Mixed – White and Black African  12 – Mixed Other  13 – White – British  14 – White – Irish  15 – White – Other  16 – Other  17 – Prefer not to say  Religion  1 – Buddist  2 – Christian (all denominations)  3 – Hindu  4 – Jewish  5 – Muslim  6 – Sikh  7 – Other  8 – None  9 – Prefer not to say  Disability  1 – Blind/Partially Sighted  2 – Dead/Hearing Impaired  3 – Dyslexia  4 – Mental Health Difficulties  5 – Personal Care Support Requirements  6 – Unseen disabilities  7 – Wheelchair/mobility issues  8- Other  9 – None  10 – Prefer not to say | First Language  1 – Albanian/Kosovan  2 – Arabic  3 – Bengali  4 – British sign language  5 – Chinese (Cantonese)  6 – Chinese (Madarin)  7 – Croatian  8 – English  9 – Farsi/Persian  10 – French  11 – German  12 – Greek  13 – Gujarati  14 – Hindi  15 – Italian  16 – Japanese  17 – Polish  18 – Portuguese  19 – Punjabi  20 – Romanian  21 – Russian  22 – Serbian  23 – Somali  24 – Spanish  25 – Swahili  26 – Turkish  27 – Urdu  28 – Other  29 – Prefer not to say  Sexual Orientation  1 – Asexual  2 – Bisexual  3 – Gay  4 – Heterosexual  5 – Lesbian  6 – Transgender  7 – Other  8 – Prefer not say |