**CLIENT REFERRAL FORM**

**(**to be completed for all referrals**)**

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| **Date of Referral: Referral Received by: Ref No:** **Time of Referral: Referral contact within 3 hours: Yes/No**   |

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| **CONSENT**Has the Client consented to this referral being made to SHEWISE? **Yes**  |
| **DATA PROTECTION STATEMENT**Please ensure that the client is aware that the information gathered and included in the Referral Form is confidential and will be kept on file. This information will be shared with others on a need-to-know basis and will only be disclosed to third parties without the consent of the client if there is a significant risk of harm to a child or adult. |
| **DETAILS OF REFERRING AGENT** |
| Agency Name:  |  |
| Referrer’s Name and Job Title: |  |
| Referrer’s Contact Telephone and Email: |  |
| Borough of Referral:Postcode:  |  |
| Client’s Danger Area: |  |
| Currently Resident at:  |  |
| Is it Safe to contact the client:  | Mobile: Email: Text: What’s App:  |
| **CLIENT’S DETAILS** |
| **Name:**  | **Tel. Number:**  | **Email:**  |
| **D.O.B:**  | **Age:**  | **Language:**  |
| **Ethnicity:** | **Nationality:**  | **Interpreter Required: No** |
| **Marital Status:*** Single
* Married
* Separated
* Divorced
* Widow
* Cohabiting
* Rather not say
 | **Children: Yes/No** How many? Age: Child’s school: Children Services involved: Case worker’s details: Pregnant? |
| **Immigration Status:*** British
* EU National
* Spousal Visa
* ILR
* DDV Concession (country of origin)
* Asylum Seeker
* Refugee
* Work Visa
* Student Visa
* Other
 | **Do you have recourse to Public Funds:** **Are you claiming Benefits:** Which Benefits: Do you have any Disabilities:**Do you have any Mental Health Needs:** Are you taking any Medications: |
| **Current Support needs:*** Experiencing Domestic Abuse
* Physical Safety- advice
* Looking for a safe/Refuge space
* Housing Advice
* Financial/Benefit Advice
* Mental/Physical Health Needs-
* Family & Children
* Immigration Law
* Housing
 | * Educational, Skills & Employment needs
* Social isolation/interaction needs.
* Disability
* Family Law
* Criminal Justice system
* Foodbank
 |
| **Risk Levels: H/M/L. Complex/Multiple Needs**  | **What does the Client Want?** |
| **Alleged perpetrator/s:** **Current Situation:**   |  |
| **Agencies Involved** | **Actions/Outcomes:** |
| **Current Agencies involved:****Signposted to- Any Outside:** **Referred (in-house):**  | **Actions to be Taken by the client (Safeguarding):****Outcomes:****Consent to add name to What’s App group: Yes/No** |
| **Follow Up: Risk Levels (after 6 Months): H/M/L. Complex/Multiple Needs**  |
| **Date:** **Date:** **Advice** |

