

**NIDAS Support Services Referral Form – Adult Support**

**\*If the client you are referring is assessed as high risk using the DASH RIC assessment or on your professional judgement, you will need to refer to MARAC (Multi- Agency Risk Assessment Conference)\***

**Before you begin:**

Check – is your client is aware of their referral to our service?

Does your client consent for us to make safe contact with them?

**Completing this referral form:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible in order to help us understand more about the client’s needs and risk and also manage duplication of support.

**This form can be used for referrals into:**

* NIDAS Domestic Abuse Outreach Service
* NIDAS Family Intervention Service
* Group Work e.g. The Freedom Programme

**Completed referrals should be sent to:**

NIDAS – Nottinghamshire Independent Domestic Abuse Services 01623 683250.

Email: [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk)

**Eligibility criteria for these services:**

* Women and families affected by domestic abuse
* Live in the community of Mansfield and Ashfield.
* Standard to medium risk survivors of domestic abuse

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact NIDAS 01623 683250

**Accompanying documents:**

Please attach any DASH risk assessment details where possible. If you don’t have an assessment of risk completed and would like support to complete this, please contact us on 01623 683250 for further guidance.

|  |  |
| --- | --- |
| **How did you hear about our service?** | |
| Search Engine  Email  Social Media  Education  Health  Housing  Word of mouth | Police  Social Care  Citizens Advice  Solicitors  Mental Health Services  Family Service  Other  Please specify: |

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: | |  |
| **Please indicate which service you’d like to refer to:** | | |
| 1:1 Domestic Abuse Outreach  Family Intervention  Group Work e.g. The Freedom Programme | | |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Role/ job title |  | |
| Contact number |  | |
| Contact email |  | |

1. **Client contact information**

|  |  |  |
| --- | --- | --- |
| **Contact information** | | |
| First name | |  |
| Last name | |  |
| Other names / preferred names | |  |
| DOB | |  |
| **Addresses** | | |
| Current address | |  |
| Does the perpetrator live at this address? | | Yes  No  Don’t Know |
| Tenure of property | | Owner/occupier  Council tenancy  Private rented  Housing association  Don’t Know |
| Status of alleged perpetrator’s current legal rights to live in the property: | | Joint owner  Joint tenant  None  Other  Don’t Know |
| Safe contact notes: | |  |
| Can we send post to this address? | | Post to this address |
| **Contact Information** | | |
| Phone: |  | |
| Email: |  | |
| Safe contact notes: |  | |
| Safe to contact methods: | Call  Text  Email  Leave voicemail messages | |
| Preferred contact time: |  | |
| GP Details: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Next of kin – who can we contact in an emergency?** | | | | | |
| Name: | |  | | Relationship: |  |
| Contact information: | |  | | | |
| Safe contact notes: | |  | | | |
| **Accessibility requirements** | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes  No  Don’t Know | | *If yes, please provide details:* | | |
| Does this client require an interpreter? | Yes  No  Don’t Know | | *If yes, please provide details:* | | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know |
| 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  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Do they have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is their relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single  Don’t know |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Are they pregnant? | Yes  No  Don’t know |
| *If yes, please give additional details*  *e.g., expected due date, is the alleged perpetrator father to the unborn baby?* |  |

1. **Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending |
| **Additional details:** | |
|  | |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know |
| Benefits: | PIP  Universal credit  Carer’s allowance  Employment and support allowance  Don’t know  *Other (please specify):* |
| Employment status: | Employed  Unemployed  Don’t know |

1. **Children**

|  |  |  |  |
| --- | --- | --- | --- |
| **If the person being referred has children, please provide their names and DOBs below:** | | | |
| Name: | DOB: | Additional needs and or disabilities: | School/College/ Nursery: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Are Social Care involved with this family?  *(Please give details)* |  | | |
| Nature of involvement *(please give details, current or previous involvement)* |  | | |
| Name of social worker and contact details *(if relevant)* |  | | |
| **Are there any other services/agencies involved with this family?** | | | |
|  | | | |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name: |  |
| Relationship to survivor: |  |
| Address: |  |
| DOB: |  |
| Additional details regarding alleged perpetrator e.g. risk: |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
| \*Please consider: recent incidents, nature of abuse, is the abuse current or historic?  \*Identified support needs |
|  |
| **Are there any known risks to working with this client?** |
|  |

**Thanks for taking the time to complete this referral.**

To submit your completed document, please complete and send with the DASH risk assessment. If you have any queries, please contact NIDAS 01623 683250 [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk) . Please send completed referral forms to [referrals@nidas.org.uk](mailto:referrals@nidas.org.uk) . Once the referral is received it will be check alongside the eligibility criteria. If the referral is declined, we will signpost the referrer to relevant support services. If the referral is accepted, the referrer will be updated and it will be progressed through to the relevant team’s Risk Assessment Worker who will contact the parent and/or young person to explore support and risk further, clients will be placed on waiting list until support can take place.