****

**REFUGE – Warwickshire Domestic Violence and Abuse Service**

**Referral Form**

**0800 408 1552 – Monday-Friday 8.30am-8.30pm exc Bank Holidays**

**PLEASE RETURN TO:**

[**dvsw@refuge.org.uk**](mailto:dvsw@refuge.org.uk)

**Date of referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Please specify who has consented to this referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Referrer’s name and job title:** |  | | |
| **Referring agency:** |  | **Referrer’s contact number and email:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s name:** |  | | | **Client’s DOB:** |  | | | |
| **Client contact number:** | (Is it safe to leave voicemail/send texts to this number? Is there an agreed code word or strategy for contact?) Please note this must be provided. | | | | | | |
| **Client address:** |  | | | | | | |
| **Client ethnicity:** |  | | | | | | |
| **Have any risk issues been identified?:** |  | | | | | | |
| **Perpetrator details:**  Name/DOB/address/ relationship client. Please include anything else you think is important |  | | | | | | |
| **Other known agencies working with young person/family and their contact details:** |  | | | | | | |
| **Children/dependent name:** | **DOB**  **\*Include pregnancy and due date when appropriate** | **M/F** | **Child’s address** | | | **Is the child known to social services?** | **Additional referral to young person’s IDVA required? (for children aged between 4-17 years - If so please specify school)** |
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**Brief description of presenting concerns related to domestic violence (ensure you have noted the client’s relationship to the abuser and the most recent incident of significant concern):**

***Referring agency to provide client being referred into service Refuge Warwickshire Helpline: 0800 408 1552 open Monday-Friday 8.30am-8.30pm for support and/or email*** [***dvsw@refuge.org.uk***](mailto:dvsw@refuge.org.uk)