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**Warwickshire Domestic Violence and Abuse Service**

**Young Person Domestic Abuse Advocate referral form (children/young people between the ages of 4-17)**

**0800 408 1552**

**PLEASE RETURN TO:**   
**warwickshirecyp@refuge.org.uk**

**Date of referral:**

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| --- | --- | --- | --- |
| **Referrer’s name and job title:** |  | | |
| **Referring agency:** |  | **Referrer’s contact number and email:** |  |
| **Has parental consent been obtained?**  **(Please note we required parental consent for all children under the age of 16)** | **Yes/No** | **Parent’s contact number and/or email:** | **Safe to call? Y/N**  **Safe to vm? Y/N**  **Safe to text? Y/N**  **Safe to email? Y/N** |

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| **Is the young person a witness to domestic abuse?:** | |  | **Is the young person experiencing domestic abuse?:** |  |
| **Young person’s name and DOB:** |  | | | |
| **Young person’s contact number:** | **Is this number safe to contact? Y/N** | | | |
| **Address:** |  | | | |
| **Ethnicity:** |  | | | |
| **Gender:** |  | | | |
| **Any known disabilities/learning needs:** |  | | | |
| **Have any additional risks been identified?:** |  | | | |
| **Perpetrator details:**  Name/DOB/address/ relationship to young person. Please include anything else you think is important |  | | | |

**Other Agencies**

|  |  |
| --- | --- |
| **Is there current social services involvement with this family?** | **Child Protection/Child In Need/Early Help** |
| **Social Worker/Family Support Worker’s name & contact details:** |  |
| **School details & main contact:** |  |
| **Other known agencies working with young person/family and their contact details:** |  |

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| --- | --- | --- | --- |
| **Are there any other children/dependents living within the home?:** | **DOB / Age:** | **Where the child/dependent currently lives:** | **Relationship to young person:** |
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**Brief description of presenting concerns related to domestic abuse (ensure you have noted the young person’s relationship to the abuser and the most recent incident of significant concern):**