



Application No:

**DOMESTIC VIOLENCE SERVICES TELEPHONE MONITORING/ REFERRAL FORM**

FOR OFFICE USE ONLY

Date.....Worker.....

Who made the call, woman, friend, social services etc, please state,

.....  
 About the call the call: Refuge space, floating support, Housing issues, advice etc, please state.....

If call about refuge space and we are full please write in where you referred to.....

.....  
 Ethnic origin.....How did caller get the number.....

If call is about referral into our services please fill out all boxes in the next sections

Service required, Refuge  Floating Support  Children's service

SECTION 1: BACKGROUND INFORMATION  
 PERSONAL DETAILS

Surname:		Forename(s):	
D.O.B:		Ethnic Origin:	
Primary Language:		Interpreter Required: Yes/ No/ Unsure	
Marital Status (Delete as appropriate):	Single/ Married/ Divorced/ Co-habiting/ Separated/ Widowed		
Number gender & ages of any dependent children			
Any identified support needs for children to be housed with applicant?			
National Insurance Number:			
Proof of indefinite leave available checked: Y/N			
Passport seen by referrer? Y/N			
Referring Officer and Contact Number:			
Applicants address and telephone number			



**SECTION 2: HOUSING HISTORY**

Tick which box best describes the applicants current housing

Owner Occupier	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>	Board and Lodgings	<input type="checkbox"/>
Family/ Friends	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>	Privately Rented	<input type="checkbox"/>
Supported Housing	<input type="checkbox"/>	Probation/ Bail Hostel	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Custody	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Refuge	<input type="checkbox"/>
Please state amount of any known arrears and reasons					

Current Situation:

Brief summary of circumstances around referral:

**SECTION 3: SUPPORT NEEDS**

Referrer's view of any mental health/ medical issues and support needs:

Diagnosis (if appropriate or known):

Previous psychiatric history:

Current problems/ symptoms:

Has a CPA/ Community Care Assessment been completed:      Yes/ No

Any medical condition, disability or sensory Need:

Any regular prescribed medication needed?

Specialist Equipment Required

Is applicant a student/employed? Give details:

Is applicant in receipt of any benefits? Give details:

Referrers View of additional support needs

Please use this section to identify any additional support needs eg language, immigration, etc:



Name and contact details of any professionals involved:

Contact Name	Address	Telephone
G.P		
Social Worker		
CPN		
Psychiatrist		
Probation Officer		
Police Liaison Officer		
IDVA/ Other		
Solicitor/Legal		
Women's Trust		

**SECTION 4: RISK PROFILE**

GWA aims to maximise social inclusion in terms of access to our services. However in order to assess the safety of the local community, staff and tenants, the following information is required.

PLEASE COMPLETE AS FULLY AS POSSIBLE- TO BE COMPLETED BY REFERRING OFFICER

Previous Convictions/Court Orders or Pending Court Cases	Details (including sentence)



Has the applicant committed any schedule 1 offences (under the Children and Young Persons Act 1933)?

Yes  If yes, please give details:

No

Has the applicant committed any sex offences (not included in Schedule 1 of the 1933 Act)?

Yes  If yes, please give details:

No

Has the applicant committed arson?

Yes  If yes, please give details:

No

Is there any history of violence and aggression?

Yes  If yes, please give details:

No

Is there any history of illegal drug use?

Yes  If yes, please give details:

No

Does the applicant have alcohol related problems?

Yes  If yes, please give details:

No

Does the applicant have any history of self-harm or attempted suicide?

Yes  If yes, please give details:

No

Are there any Child Protection issues?

Yes  If yes, please give details:

No

Is the applicant on Vulnerable Adults Register?

Yes  If yes, please give details:

No



Areas of Risk- Do you think that the applicant could be considered as presenting any of the following risks?

Please tick as appropriate:

Risk	High	Medium	Low	N/A	Outcome/Risk minimisation
To themselves:					
To the public:					
To Children:					
To staff and tenants:					
From others:					
To a particular known person:					
Details of any geographical areas posing risks:					
Perpetrator risks					

Perpetrators details:

Relationship:.....

Name:.....

I understand that the information given on this form will be kept by GWA and may be shared with other Housing Providers and support agencies to assist me to obtain suitable housing and OR support. The information will be used for no other purpose without my permission and will be kept by the agencies in line with their responsibilities under the Data Protection Act. Some statistical and aggregated information may be used for planning services.

Name of Referring Officer/Agency: .....

Name of person completing form:.....

Date:.....

Please fax the completed form to 020 8480 9553 or phone 020 8333 2352

<p>FOR OFFICE USE ONLY</p> <p>Date &amp; Time Referral Received:</p> <p>Outcome of Initial referral/assessment against criteria:</p> <p>Accept referral  Further information needed  Reject referral (give details of reasons)</p> <p>Refer to other agency (give details)</p> <p>Date &amp; Time Referring Officer completed:</p>
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