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**Bromley & Croydon Women’s Aid**

**‘NEVER TOO LATE’ Referral Form**

**About the project:**

**BCWA are facilitating ‘Drop in Coffee Mornings’ for female victims & survivors of domestic abuse who are over 50 and living in Bromley borough, in a safe, secure & supportive environment. Helping women over 50 to build resilience, empowerment, self- esteem and confidence, along with workshops on specific relevant topics, working towards overcoming the barriers faced by older women in accessing support.**

**How to complete this referral:**

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 - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

**How to submit this referral:**

To submit your completed document, please email the completed referral form to info@bcwa.org.uk. Before you send the referral, please check that your referral meets the criteria set out on the first page of this document.

 If you have any queries, please contact 0208 313 9303.

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| 1. **Information about the person making the referral**
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| Date of referral: |  |
| **Please indicate which service you’d like to refer to:** |
|  NEVER TOO LATE Project ☐ |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number  |  |
| Contact email |  |

|  |  |
| --- | --- |
| Has the client’s consent been given for this referral? | Yes ☐ No ☐  |

1. **Client contact info**

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| **Contact information**  |
| First name |  |
| Last name |  |
| Other names |  |
| What do they like to be called? |  |
| DOB |  |
| **Addresses**  |
| Current address |  |
| Current Local Authority  |  |
| Local Authority of origin (if different) |  |
| Does the perpetrator live at this address? | Yes ☐ No ☐ Don’t Know ☐ |
| Safe contact notes: |  |
| **Contact info** |
| *Details Safe to contact?* |
| Phone |  | ☐ |
| Email  |  | ☐ |
| Safe contact notes  |  |
| **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 ☐Prefer not to say ☐ | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes ☐ No☐ Don’t Know ☐Prefer not to say ☐ | *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 ☐Prefer not to say ☐ |
| 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 ☐Prefer not to say ☐  |
| Do they have a faith/ religion?  |
| No religion ☐Bahai ☐ Buddhist ☐Christian ☐Hindu ☐Jewish ☐Jain ☐ | Muslim ☐ Shinto ☐ Sikh ☐Zoroastrian ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know ☐Prefer not to say ☐  |
| 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 ☐Prefer not to say ☐ |
| What is their sexual orientation?(tick one option) | Heterosexual/ straight ☐Gay woman/ Lesbian ☐Gay man ☐Bisexual ☐Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know ☐Prefer not to say ☐  |

1. **Client support needs/ vulnerabilities**

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| ***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 ☐ |

1. **Children**

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| **If the person being referred has children, please provide their names and DOBs below:** |
| Name | DOB |
|  |  |
| Are social services involved in this case? *(Please give details)* |  |
| Name of social worker *(if relevant)* |  |

1. **Reason for referral/Client Support Needs**

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| --- |
| **Clients Domestic Abuse Status:** |
| Victim (last incident within past 6mths) ☐ | Survivor (last incident between 6mths-2yrs ago) ☐ |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Please identify any additional support needs of your client:**Emotional Wellbeing ☐ Children ☐ Social Networks ☐ Immigration ☐ Housing ☐ Finances ☐ Criminal/Civil Justice ☐ Work,Training & Education ☐ Safety☐  |
| **Are there any known risks to working with this client?**  |
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| --- |
| **Please provide details of any known professionals currently supporting your client:** |
| Professional 1 |  | Professional 2 |  |
| Title |  | Title |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| **Previous requests for support** |
| Before being accepted here, did you try unsuccessfully to access any other domestic abuse services? |  Yes ☐ No ☐  |
| How many times did you try to access? |  |
| Is this an exact figure or an estimate? |  Exact ☐ Estimate ☐  |