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| **Kent Domestic Abuse Referral Form** | | | | | | | | | | | | | |
| **Please indicate intended service** | | | | | | | | | | | | | |
| **Outreach** | | **Refuge** | | | | | | | | | | | |
| **Agency** | | | | | | | | | | | | | |
| Date of Referral: | | | | | Referring agency: | | | | | | | | |
| Name: | | | | | Role: | | | | | | | | |
| Phone number: | | | | | Email: | | | | | | | | |
| **Client Details** | | | | | | | | | | | | | |
| Name of client: | | | | Gender: | | DOB: | | | Age: | | | | |
| Name of alleged perpetrator(s) if known: | | | | Gender: | | DOB: | | | Age: | | | | |
| GP Name and Address: | | | | | | | | | | | | | |
| Has the client consented to this referral? Y/N | | | | | | | | | | | | | |
| Client Address: | | | | | | Safe to write:  Y/N | | | | | Is the client living with the perpetrator?  Y/N | | |
| Home phone number: | | | | | Safe to call:  Y / N | Safe time(s) to call: | | | | | | Safe to leave messages?  Y / N | |
| Mobile number: | | | | | Safe to call:  Y / N | Safe time(s) to call: | | | | | | Safe to leave messages?  Y / N | |
| Safe email address: | | | | | | | | | | | | | |
| Does the client have children? Y/N (If yes, please give details) | | | | | Is the client pregnant?  Y/N | | | | Due Date: | | | | |
| Child Name | | | | | Child D.O.B | | | | | | | | |
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| Is the client subject to any other professional engagement, meetings or support?  If yes, please give details. Has client given permission for support providers to contact these agencies? | | | | | | | | | | | | | |
| Reason for referral (include all details you feel are relevant to this referral. Use a separate sheet if necessary): | | | | | | | | | | Very High Risk? | | |  |
| Perpetrator actively seeking? | | |  |
| Has the perpetrator found the client before? | | |  |
| Threats to Kill? | | |  |
| Honour Based Violence? | | |  |
| Staff safety issues? | | |  |
| Police involvement? | | |  |
| **Type of incident:** | Domestic | | | | Y / N | | Sexual | | Y /N | Stalking | | | Y/ N |
| Are there any known risks in working with this client? | | | | | | | | | | | | | |
| Has a DASH RIC been competed? Y/N  If no, telephone Victim Support on **0808 168 9276** | | | If yes, risk level:  High/ Medium/ Standard | | | | | MARAC Referral Completed?  Y/ N | | | | | |

**Please return this form to one of the following:**

No DASH RIC completed/ DASH score of less than 10 – Telephone Victim Support – 0808 168 9276

DASH score of 10+ - Thanet/ Dover Areas - [**RAISEreferrals@oasis.cjsm.net**](mailto:RAISEreferrals@oasis.cjsm.net)

Ashford/ Canterbury/ Shepway Areas - [**northsouthidva.centra@ca.cjsm.net**](mailto:northsouthidva.centra@ca.cjsm.net)

Dartford/ Gravesham/ Maidstone/ Swale Areas - [**northsouthidva.centra@ca.cjsm.net**](mailto:northsouthidva.centra@ca.cjsm.net)

DASH score 10-13 -Sevenoaks/ Tonbridge & Malling/ Tunbridge Wells Areas - [**davss.office@davss.cjsm.net**](mailto:davss.office@davss.cjsm.net)

DASH score 14+ - Sevenoaks/ Tonbridge & Malling/ Tunbridge Wells Areas – [**choices.referrals@nkwa.cjsm.net**](mailto:choices.referrals@nkwa.cjsm.net)(If MARAC referral completed), or [donnagraham@lookahead.org.uk.cjsm.net](mailto:donnagraham@lookahead.org.uk.cjsm.net) (if no MARAC referral completed)