**How to complete referral:**

By completing this referral form, appreciate you are helping us to make contact with the Family as quickly as possible. We would appreciate it if you could include as much information as possible – this saves the Family from being asked the same questions twice and help us to understand their support needs and current circumstances.

Please do include risks to the Family and any risk factors for professionals working with this individual.

**How to submit this referral:**

Please send referral to Early Help Hub, stating you would like the Behaviour Change Program through Swindon Wome’sAid:

Email: ehhub@swindon.gov.uk

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| **Service** **Requested** | [ ] **Behaviour Change Program** |  [ ] **Family SupportWork** | [ ] **Children and Young People (CYP)** |

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| **Referrer’s Details** |
| **Form completed by Early Help Hub** [ ]  **Other Agency** [ ]  |
| **Name:**  |  | **Phone number:**  |
| **Email:** |

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| **Victim’s & Children details:**  |
| **Name:**  | **Surname:**  |  |
| **Date of birth:**  | **Gender:**  | **Female:** [ ] **Male:** [ ] **Transgender:** [ ] **Other:** [ ]  |
| **Address:**  | **Does perpetrator reside at address?****Yes:** [ ] **No:** [ ]  | **Relationship to perpetrator?**  |
| **Safe contact number:**  | **Safe to leave a message: Yes:** [ ]  **No:** [ ]  | **Is victim the only person with access?** **Yes:** [ ]  **No:** [ ]  |
| **Any Additional needs:**  |
| **Mental Health** [ ]  | **Learning Disability** [ ]  | **Dual Diagnosis** [ ]  |
| **Physical Health** [ ]  | **Alcohol Misuse** [ ]  | **Substance Misuse** [ ]  |
| **Children’s Information:**  |
| **Children’s name:**  | **Children DOB:** | **Who has parental responsibility (PR)?**  |
|  |  | **Mother:**[ ]  **Father:** [ ]  |
|  |  | **Mother:**[ ]  **Father:** [ ]  |
|  |  | **Mother:** [ ]  **Father:** [ ]  |
|  |  | **Mother:** [ ]  **Father:** [ ]  |
| **Have been known to children services? And what level? Yes:** [ ]  **No:** [ ]  |

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| **Alleged Perpetrator Information:**  |
| **Full Name:**  | **Date of Birth:**  | **Address:**  |
| **Gender:**  | **Female:** [ ]  **Male:** [ ]  **Transgender:** [ ]  **Other:** [ ]  |
| **Contact details:**  |  |
| **Bail conditions:** [ ]  | **Civil Orders:** [ ]  | **Criminal orders:** [ ]  |
| **Alleged Perpetrator Additional Needs:**  |
| **Mental Health:** [ ]  | **Learning Disability:** [ ]  | **Dual Diagnosis:** [ ]  |
| **Physical Health:** [ ]  | **Alcohol Misuse:** [ ]  | **Substance Misuse:** [ ]  |
| **Weapon Markers** [ ]  | **Risk to Professionals** [ ]  |  |
| **Additional comments of needs:**  |

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| **Domestic Abuse**  |
| **Are they currently still in the relationship? Yes:** [ ]  **No:** [ ]  |
| **Types of abuse (please mark)**  | **Physical:** [ ]  | **Emotional:** [ ]  | **Financial:** [ ]  | **Sexual:** [ ]  |
| **Psychological:** [ ]  | **HBV:** [ ]  | **FGM:** [ ]  | **Coercive control:** [ ]  |

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| **Reason for the referral – Please give a brief summary.**  |