

## Agency Referral Form: Derbyshire Domestic Abuse Support Service

Tel: 08000 198 668

Websites: [www.theelmfoundation.co.uk/](http://www.theelmfoundation.co.uk/)

[www.derbyshiredomesticabusehelpline.co.uk](http://www.derbyshiredomesticabusehelpline.co.uk)

The Elm Foundation is a Charity registered in England & Wales: 1007317

### Return completed form

Please return this form to:

[derbyshiredahelpline@theelmfoundation.org.uk](mailto:derbyshiredahelpline@theelmfoundation.org.uk)



### Referral Information

Date:

Referrer Name

Agency Name

Phone

Email

### Service Area Required:

Refuge Accommodation

Adult Community Outreach

Freedom Programme

Adult Group Work Other

Adult Therapeutic Services

Children and Young People Service

Adult Perpetrator Programme

Other

### Client Information:

Client Full Name:

Also Known As:

Date of Birth:

Gender:

Preferred gender pronoun (he/she/they):

### If the client is under 16 years...

Legal Guardian's Name:

Legal Guardian's Relationship to Child:

Legal Guardian's Contact Number(s):

Client Address:

Postcode:

Town:

Is this address safe to write to?

Yes No

Tenancy Type:

Alternative Address:

Postcode:

Town:

Is this address safe to write to?

Yes No

**Telephone:** **Is this number safe to use?** **Yes** **No**

**Mobile:** **Is this number safe to use?** **Yes** **No**

**Safe Telephone/Mobile:** **Other useful Tel no.**

**Code word/safe time to call:**

**Email:** **Is this email safe to use?** **Yes** **No**

**Ethnicity:**

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White	White Irish	Mixed	Indian	Pakistani
Chinese	Other Asian	Black African	Black Other	Arab
Other				

**Religion:**

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No Religion	Christian	Muslim	Hindu	Sikh	Buddhist
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Other:

**Language(s) spoken:**

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English	Urdu	Punjabi	Polish	Czech	Slovak
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Other language: **Translator required?** **Yes** **No**

**Immigration status and any any concerns:**

**Sexual orientation:**

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Heterosexual	Homosexual	Bisexual	Asexual
Pansexual	Androsexual	Gynesexual	Other

**Economic Status** (e.g. employed/unemployed/claiming benefits, if so which benefits):

**Describe relationship and living arrangements** (e.g. on/off; client lives at mum's/(ex) partner stays over occasionally, explain the current and/or historical situation regarding domestic abuse - etc).

**Are there any drug, alcohol, mental health issues, diagnosis and/or treatments we should be aware of?**

**Are there any disability, literacy and/or numeracy difficulties we should be aware of?**

**Describe employment** (e.g. occupation / unemployed / in training or education / financial status / benefits).  
include addresses & contacts

**Brief description of why client requires Derbyshire Domestic Abuse support service:**

**Support needs**

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<b>Safety</b>	<b>Immigration</b>	<b>Housing</b>	<b>Social Health</b> (Relationships)
<b>Mental Health</b>	<b>Physical Health</b>	<b>Sexual Health</b>	<b>Legal</b> (inc Criminal Justice)
<b>Children &amp; Parenting</b>	<b>Work, Education &amp; Training</b>		

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**Does the client have an upcoming court case?**      **Yes**, if yes please describe below or      **No**

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## Alleged Perpetrator Information:

Full Name:

Also Known As:

Date of Birth:

Gender:

Preferred gender pronoun (he/she/they):

Address:

Postcode:

Town:

Relationship to client:

Are there any drug, alcohol, mental health issues, diagnosis and/or treatment we should be aware of?

Are there any disability, literacy and/or numeracy difficulties we should be aware of?

Describe employment (e.g. occupation / unemployed / in training or education / financial status / benefits include addresses & contacts)

Other relevant information

Ethnicity:

White British	White Irish	Mixed	Indian	Pakistani	Chinese
Other Asian	Black African	Black Other	Arab	Other	

Religion:

No Religion	Christian	Muslim	Hindu	Sikh	Buddhist
Other					

Language(s) spoken:

English	Urdu	Punjabi	Polish	Czeck	Slovak
Other language:		Translator required:	Yes	No	

Immigration status and any concerns:

Any Injunctions or orders?

## Children's Details:

	Child 1	Child 2	Child 3	Child 4
<b>Full Name</b>				
<b>Gender (F/M)</b>	F M	F M	F M	F M
<b>DOB/Age</b>				
<b>Is (ex-) partner parent of child?</b> (If not, state who parent is)				
<b>Does (ex) partner have PR?</b>				
<b>School</b>				
<b>Details of Additional Children if applicable:</b>				
<b>Is the client pregnant</b>				
<b>Yes</b>	<b>Is (ex-) partner parent of unborn baby? (If not, state who parent is):</b>			
<b>No</b>	<b>Due Date:</b>			
<b>Living arrangements and address of children (if different to client details above)</b>		<b>CYPS involvement (if yes, please describe)</b>		

**Flag significant concerns regarding children**

**Additional Information and Notes.**

## Consent:

The Elm Foundation and the Derbyshire Domestic Abuse Helpline requires written or verbal consent to contact any support agencies involved prior to accepting the referral.

**I (service user) give permission to The Elm Foundation and the Derbyshire Domestic Abuse Helpline to contact appropriate agencies to enable them to assess my suitability for the service**

**Using personal information** Personal information which has been supplied by your referral agency to The Elm Foundation and the Derbyshire Domestic Abuse Helpline is used for:

- Assessing your support needs
- It allows us to contact you directly regarding this referral

## WRITTEN CONSENT

**CLIENT:** Sign or type your name

**REFERRER:** Sign or type your name

Date:

Date:

For further details on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please see our Privacy Notice online.

**The referral agency is responsible for sharing your details and should have informed you of your rights in regards to your data.**

**VERBAL CONSENT** Tick here If verbal consent was given by the client to the referrer above.

**LEGAL GUARDIAN CONSENT (UNDER 16YRS OLD)** Tick here If verbal consent was given by the legal guardian of the client to the referrer above.

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