**Norfolk and Suffolk Victim Care Service**

**Domestic Abuse – Referral Form**

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| **Has the client consented to following information being shared and referral to be made:**  **Yes / No**  (If not please gain consent before completing and submitting) |

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| **Personal Information of the Client being referred** | | | |
| Name  Forename:  Surname: | DOB: | | Age: |
| Address  Postcode: | Contact info  Mobile: Is it safe to leave a voicemail Y/N  SMS Y/N  Landline: Is it safe to leave a voicemail Y/N  Best time to make contact if known: AM PM Anytime | | |
| Ethnicity: | Religion: | | |
| Sexual Identity: | Gender identity is this the same as at birth? (please circle if known) Yes No Prefer not to say | | |
| Language spoken:  1st - 2nd - | Disability/Additional Needs | | |
| **Support Needs:** Mental Health Illness, Self-harm, Suicide Ideation, literacy, etc. (please include any known details): | | | |
| **Type of referral:** Crime type (Theft, Criminal damage, Burglary, Assault, Arson, Domestic Abuse, Sexual Violence, Hate Crime, etc.) | |  | |

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| **Reason for Referral**  *Please include information about the crime / incident that has been experienced/ witnessed and the impact. Please also include any specific behavioural issues/ requirements and/or what support is required.* |
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| **Risk Assessment -** *(Please note that this service is commissioned to assist victims of DA deemed to be at STANDARD risk only. This equates to a DASH score of 1-9 ticks in Norfolk and 1-8 ticks in Suffolk* | | | |
| DASH score |  | Date of assessment |  |
| *With service users consent please enclose/attach a copy of DASH with this referral. Should a copy not be available, please clarify circumstances/reason.* | | | |

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| **Referrers Details:** | |
| Name:  Job Title: | Telephone Number: |
| Referrer Signature: | Date Completed: |

**Please return the completed form via secure email to:** [nsvictimcare@victimsupport.cjsm.net](mailto:nsvictimcare@victimsupport.cjsm.net)or [nsvictimcare@victimsupport.org.uk](mailto:nsvictimcare@victimsupport.org.uk)

Please note that by making a referral this does not mean that Norfolk and Suffolk Victim Care will automatically be able to support the person referred. All service users will be contacted where it is safe and appropriate to do so. Where it is deemed that NSVC is not able to provide the support we may signpost to other appropriate agencies. You can contact us on 0300 303 3706 for a case consultation or for further information.