**![A blue and red text

Description automatically generated]()**

**NORTH SURREY DOMESTIC ABUSE SERVICE REFERRAL FORM**

**CONFIDENTIAL**

**CLIENT DETAILS:**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address** | |
| **Safe contact number** | **Safe to text/leave message Yes/No** |

**ALLEGED PERPETRATOR DETAILS:**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Relationship to Client** |  |

**DETAILS OF CHILDREN/OTHER FAMILY MEMBERS:**

|  |  |
| --- | --- |
| **Name and date of birth** | **Children’s Services/Family Support involvement (with key worker name and contact details)** |

**CLIENT’S HOUSING STATUS:**

|  |  |
| --- | --- |
| **Homeless** | **Yes/No** |
| **Owner occupier** | **Yes/No Sole/Joint owner** |
| **Social housing** | **Yes/No Sole/Joint tenancy** |
| **Private rented** | **Yes/No Sole/Joint tenancy** |
| **Other (Please give details)** |  |
| **Is Perpetrator living with client** | **Yes/No** |

**RISK ASSESSMENT:**

**HIGH**

**MEDIUM**

**STANDARD**

**Please attach copy of risk assessment with referral form.**

**BRIEF DESCRIPTION OF CONCERNS OF REFERRER (to include date of last incident) AND REASONS FOR REFERRAL:**

|  |
| --- |
|  |

**CLIENT’S AUTHORISATION:**

|  |
| --- |
| **I authorise this referral to North Surrey Domestic Abuse Service**  **Signed : Date :**  **OR Telephone consent Yes/No Date :** |

**REFERRED BY:**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Organisation** |  |
| **Telephone** |  |
| **E-mail address** |  |
| **Referral Date** |  |

**North Surrey Domestic Abuse Service**

**Tel: 01932 260690**

**Fax : 01932 221680**

**E-mail:** [**nsdas@caew.org.uk**](mailto:nsdvoutreach.waltoncab@cabnet.org.uk)

**Managed by Citizens Advice Elmbridge (West), Elmbridge Community Hub, The Old School House,**

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**Registered Charity No: 10944025**