****

**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**

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

**72 High Street, Walton-on-Thames, Surrey, KT12 1BU**

**Registered Charity No: 10944025**