

**Doncaster Domestic Abuse Hub Referral Form**

**For practitioner use**

Please note: If you have already completed a DASH risk assessment, you can email that directly to the Hub (with consent) and do not need to complete this form.

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| **DETAILS OF PERSON REFERRING**  **(IF YOU ARE REFERRING YOURSELF PLEASE USE THE SELF-REFERRAL FORM)** | |
| **Name of practitioner:** |  |
| **Agency / Organisation:** |  |
| **Team / Job Title:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Referral:** |  |
| **REFERRAL DETAILS** | |
| **Client Details:** | Name:  DOB:  Address:  Telephone Number:  Email address: |
| **Preferred method of communication:** | Telephone Call  Text  Email |
| **Is it safe to make contact:** | Is it safe to phone? Yes  No  Is it safe to leave a message on this phone? Yes  No  Is it safe to text? Yes  No  Is it safe to send a letter? Yes  No  Is it safe to email? Yes  No  Alternative safe number: |
| **Safe times to call:**  **If only safe at specific times please give details.** |  |
| **Gender**  *Please tick* | |  | | --- | | Female  Male  Non-binary | | Other  Not stated | |
| **Sexual Orientation**  *Please tick* | Bisexual  Gay / Lesbian  Heterosexual / Straight  Other  Not stated |
| **Does this person have a transgender history?** | Yes  No |
| **Does this person have any disabilities?**  *Please tick* | Has a disability  Please provide details of disability below  Does not have a disability  Not Stated |
| *If the individual has a disability please provide any relevant details that we can consider when making contact with the individual or arranging meetings* | E.g. British Sign Language, a hearing loop, ground floor access etc. |
| **Ethnicity**  *Delete as appropriate* | White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, any other White background)  Mixed / Multiple Ethnic Groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed/multiple ethnic background)  Asian / Asian British (including Chinese, Indian, Pakistani, Bangladeshi and any other Asian background)  Black / African / Caribbean / Black British  Other Ethnic Group (including Arab and any other ethnic group)  Not stated |
| **Immigration status** |  |
| **Does the victim speak and/or read English?**  **Is an interpreter needed and if so which language?** | Speaks English Yes  No  Reads English Yes  No |

Please explain that the above information is collected so that we can ensure that our services are accessed by all victims of domestic abuse. It also helps us with future campaigns to encourage any person in Doncaster experiencing domestic abuse to get help. We will not discriminate against anyone.

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| **Person Causing Harm Details (if known):** | Name:  DOB:  Address: |
| **Relationship of person causing the harm to the victim:** |  |
| **Children’s Details:** | Name:  DOB:  Address:  Name:  DOB:  Address:  Name:  DOB:  Address: |
| **Please provide brief details of why referral is being made and any risk factors**  Please be clear about what risks are present, what harm has been caused and why a domestic abuse service is needed.  (Please be as specific as possible e.g. none fatal strangulations, use of weapsons, planning to leave, escalation etc. What the victim needs from the Domestic Abuse Service. Please be advised that the Domestic Abuse Service is not a Mental Health Service). | |
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| **Please provide details of what safeguarding and/or risk management steps you have already taken. Please provide details of any other agencies you know to be involved.**  If a safeguarding adult or safeguarding children referral is needed please ensure you complete that work and provide details below. | |
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**By submitting this referral form you are confirming that you have consent from the client to share this information with Council’s Domestic Abuse Hub and that the client is aware that he/she will be contacted in relation to the referral.**

**Please tick to confirm**

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| Doncaster Council’s Domestic abuse team will coordinate and allocate all referrals. The individual you have referred could be allocated one of the Council’s domestic abuse specialists or a worker from Phoenix WoMen’s Aid.  **Does your client agree to their details being shared with a worker from Phoenix WoMen’s Aid. Please tick if they are happy for this referral to be passed to Phoenix WoMen’s Aid if appropriate** |

**Please email this completed form to:** [**dahub@doncaster.gov.uk**](mailto:dahub@doncaster.gov.uk)