

Aylesbury Women's Aid Referral Form

How to complete this referral:

By completing this referral form, you are helping us to make contact with the client as safely and quickly as possible. We would appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

How to submit this referral:

Please email this referral to enquiries.awaid@outlook.com

Please ensure that you send the referral form either through a secure email account or with a password protected file.

Eligibility criteria for this service:

Please be sure to check that the client meets the following criteria before making the referral:

- Experienced Domestic Violence
- Has provided consent for their information to be shared and contacted by AWA

Accompanying documents:

Please attach the following documents to this referral, if completed:

- Consent Form
- Risk Assessment Form

How to get in touch:

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact

enquiries.awaid@outlook.com

Telephone 01296 437777

www.aylesburywomensaid.org.uk

1. Information about the person making the referral

Date of referral:	
Please indicate which service you'd like to refer to:	
Please enter your name and contact details:	
Referrer's name	
Organisation name	
Role/ job title	
Contact number	
Contact email	
Consent to share information with AWA	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Client contact info

Contact information	
First name	
Last name	
Other names	
What do they like to be called?	
DOB	
NI Number (if known)	
Addresses	
Current address	
Current Local Authority	
Tenancy details / Landlord	
Does the perpetrator live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
Contact info	
	<i>Details</i>
Phone	<i>Safe to contact?</i> <input type="checkbox"/>
Email	<input type="checkbox"/>
Safe contact notes	

Accessibility requirements		
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>

3. Client equalities monitoring

<p>How would this client describe their gender?</p>	<p>Female <input type="checkbox"/> Male <input type="checkbox"/> In another way: _____</p>
<p>Is their current gender different to the sex they were assigned at birth?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>
<p>Do they consider themselves to have any kind of disability? (please tick any that apply)</p>	<p>Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Deaf/ hearing impaired <input type="checkbox"/> Blind/ visually impaired <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/></p>
<p>How would they describe their ethnicity?</p>	
<p>White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> Asian British <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/></p>	<p>White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/ multiple background <input type="checkbox"/> Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Other (please specify): _____ Don't Know <input type="checkbox"/></p>
<p>Do they have a faith/ religion?</p>	
<p>No religion <input type="checkbox"/> Bahai <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Jain <input type="checkbox"/></p>	<p>Muslim <input type="checkbox"/> Shinto <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> Other: _____ Don't Know <input type="checkbox"/></p>
<p>What is their relationship status? (tick one option)</p>	<p>Civil partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting but not married/ CP <input type="checkbox"/> In a relationship (not cohabiting) <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/></p>

What is their sexual orientation? (tick one option)	Heterosexual/ straight <input type="checkbox"/> Gay woman/ Lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/>
Are they pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

4. Client support needs/ vulnerabilities

Please tell us more about any support needs the client may have:	
Mental Health <input type="checkbox"/> Physical Health <input type="checkbox"/>	Substance misuse <input type="checkbox"/> Offending <input type="checkbox"/>
Additional details:	
What is this client's nationality?	
(If not British National) What is their immigration status?	
(If not a British National) Do they have access to Public Funds?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

5. Children

If the person being referred has children, please provide their names and DOBs below:	
Name	DOB
Are social services involved in this case? (Please give details)	
Name of social worker (if relevant)	

