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# SLOUGH DASS REFERRAL FORM

**In order for us to progress and adequately risk assess this case, please can you provide the following information, in accordance with the Ministry of Justice guidelines (Link to Guidelines – page 24, point 80) Any missing information will result in the referral form being sent back and may cause delays in support.**

PLEASE RETURN TO: sloughdass@cranstoun.org.uk

| | | | |
|---|---|---|---|
| **Referrer** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |
| **Position** | Click or tap here to enter text. | **Service Req** | Choose an item. |
| **Organisation** | Click or tap here to enter text. | | |
| **Contact Number** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

| | |
|---|---|
| **Consent:**<br><br>Please confirm that consent has been given by the victim and / or perpetrator for this referral and that they are happy for you to share their information with partners on a need-to-know basis. Please note if there are safeguarding concerns, data will be shared with wider Partners to protect the service user and any children/young people | **Please Note: consent needs to be identified on the referral from before we can accept and process.** |

## PERSON AFFECTED BY DOMESTIC ABUSE

| | | | |
|---|---|---|---|
| **First Name** | Click or tap here to enter text. | **DOB** | Click or tap to enter a date. |
| **Surname** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Contact Number(s)** | Click or tap here to enter text. | **Living With AP** | Choose an item. |

| | | |
|---|---|---|
| **Safe to Call** | Choose an item. | **Specific Times:** Click or tap here to enter text. |
| **GP Surgery & Tel No:** | Click or tap here to enter text. | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Gender** | Choose an item. | **Sexual Orientation** | Choose an item. | **Nationality** | Choose an item. | **Ethnicity** | Choose an item. |
| **Disability** | Choose an item. | **Substance Abuse** | Choose an item. | **Mental Health** | Choose an item. | **Marital Status** | Choose an item. |
| **Parental Status** | Choose an item. | **Pregnant** | Choose an item. | **Religion** | Choose an item. | **Housing Status** | Choose an item. |
| **Immigration Status** | Choose an item. | **Repeat Victim** | Choose an item. | **MARAC process initiated/completed** | Choose an item. | **DASH Completed** | Choose an item. |

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| PERPETRATOR | | | | | | | |
|---|---|---|---|---|---|---|---|
| **First Name** | Click or tap here to enter text. | | | | | **DOB** | Click or tap to enter a date. |
| **Surname** | Click or tap here to enter text. | | | | | | |
| **Address** | Click or tap here to enter text. | | | | | | |
| **Contact Number(s)** | Click or tap here to enter text. | | | | | | |
| **Gender** | Choose an item. | Sexual Orientation | Choose an item. | **Nationality** | Choose an item. | **Disability** | Choose an item. |
| **Substance Abuse** | Choose an item. | Mental Health | Choose an item. | **Marital Status** | Choose an item. | **Parental Status** | Choose an item. |
| **Court Involvement** | ☐ | Religion | Choose an item. | **Housing Status** | Choose an item. | **Immigration Status** | Choose an item. |

| CHILD(REN) DETAILS | | | | |
|---|---|---|---|---|
| Name | Sex | DOB | Nationality | Relationship |
| | Choose an item. | | Choose an item. | Choose an item. |
| | Choose an item. | | Choose an item. | Choose an item. |
| | Choose an item. | | Choose an item. | Choose an item. |
| | Choose an item. | | Choose an item. | Choose an item. |
| | Choose an item. | | Choose an item. | Choose an item. |

| | | |
|---|---|---|
| **Current Children's Services Involved** | Choose an item. | If Other, give details Click or tap here to enter text. |

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| REASON FOR REFERRAL |
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