**Referral Form – Women’s Service**

**Referral from:**

Self (I am referring myself) [ ]  Agency (I am a professional making a referral on behalf of a woman) [ ]

**Referral for:-**

[ ]  Support around experience of domestic abuse

[ ]  Request to attend the Own My Life course (see website link for details [Own My Life - A Message to Other Women](https://www.caswa.org.uk/blog/a-message-to-other-women))

[ ]  Both

**Personal Details of Woman being referred:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Address (including postcode):** |  |
| **Spoken language:** |  |
| **National Insurance number:** |  |
| **Safe contact details** **(phone & e-mail):** |  |
| **Preferred method of initial contact:** | [ ] Text Message [ ] Email [ ] WhatsApp *(Texting App)*[ ] Phone call [ ] Safe Agency / Individual (please provide details below) |
| **Type of Housing (E.g Social or Private Housing, living with family etc.)** |  |

**Safety:** *(Please note: we are not an emergency service, if you feel at immediate risk, please contact the emergency services.*

|  |  |
| --- | --- |
| **Are you safe at the moment?** | [ ] Yes [ ]  No |
| **When is safe to contact you?**(Preferred time to contact you) |  |
| **Are you currently experiencing domestic abuse?** | [ ] Yes [ ]  No We offer support for current and historic abuse. |
| **What type of abuse are you experiencing?****Please provide further details.** | [ ]  Physical [ ]  Financial [ ]  Sexual[ ]  Emotional/Psychological [ ]  Digital [ ]  Other |
| **Are there any personal dependency issues?** | [ ] Drugs [ ] Alcohol [ ] Prescribed Medication  [ ] Not Applicable [ ] Not Known [ ] Other (Please State) |
| **Have you ever caused harm to yourself, your children or others?** | [ ] No [ ] Not Known [ ] Yes (please provide details) |

**Children’s Details (under 18 years old)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any children?** | [ ] Yes [ ]  No | **If yes, do they receive support from our CYP Service?** | [ ] Yes [ ]  No  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child 1 – Name** |  | **Date of Birth** |  | **Gender**  |  | Do they live with you? [ ] Yes [ ] No  |
| **Child 2 – Name** |  | **Date of Birth** |  | **Gender**  |  | Do they live with you? [ ] Yes [ ] No  |
| **Child 3 – Name** |  | **Date of Birth** |  | **Gender** |  | Do they live with you?  [ ] Yes [ ] No [ ]  |
| **If you have more children, please provide information here:** |

|  |  |
| --- | --- |
| **Are there any concerns or issues regarding your children?****(Including contact with the perpetrator):** | [ ]  No [ ]  Yes (Please provide details) |

**Other Essential Information:**

|  |  |
| --- | --- |
| **Are you supported by any other agencies?** | [ ]  Social Work [ ] Housing [ ]  Citizens Advice Scotland (CAB)[ ]  Solicitor [ ] Mental Health Team [ ]  Drug and Alcohol[ ] Health Visitor [ ] Police [ ] Criminal Justice [ ] Other (Please state) |
| **Have you had support from Women’s Aid before?** | [ ]  Yes [ ]  No |  |
| **Do you have any accessibility requirements?** | [ ] No [ ]  Not Known [ ]  Yes (please explain briefly) |
| **Are there any potential barriers for you accessing support?** *(Language, work schedule, financial, location, etc. If so, please provide brief detail)* | [ ] No [ ]  Not Known [ ]  Yes  |
| **Are there any risks we need to be aware of? Please include any other relevant information to support us to assess your safety and our safety** *e.g. is the home address safe to visit, are there others living in the home who pose a risk (inc. pets), aggressive behaviour,*etc |  |
| **Please include any other relevant information we need to be aware of:** |  |

**Perpetrator Information:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Does the perpetrator live with you?** | [ ] Yes [ ] No [ ]  Sometimes [ ] Not Known |
| **Does perpetrator have access to your phone/email account?** | [ ] Yes [ ] No [ ]  Not Known |
| **Is the perpetrator the father of any of the children?** | [ ] Yes [ ] No**If yes do they have contact with any of the children?**[ ] Yes [ ] No |

**Additional Information:**

|  |  |
| --- | --- |
| **Can you tell us where you heard about CASWA?** | [ ] CASWA Website [ ] Social Media [ ] Posters/Leaflet [ ] Other Agencies [ ] Email [ ] Word of Mouth [ ] Previously Supported [ ] Other (Please state where) |

**For Completion if Self Referral:**

**Declaration:**

Please read our Privacy Policy for details on how we process and store your personal data, [Privacy Policy | CASWA](https://www.caswa.org.uk/privacy)

I declare that the information I have provided above is a clear and honest account of my current circumstances. I consent to the processing of my personal data provided. I understand that CASWA has a duty/responsibility to pass on any information onto the relevant authority, if they become aware of any risk of harm to a child/young person at any point in our engagement with the service.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Completion by Referring Agency:**

**Agency Details:**

Please ensure that you have sought consent from the woman who is being referred. Our Women’s service is person-centered and person-led and as such if the woman being referred does not wish support, this referral may go no further.

|  |  |
| --- | --- |
| **Referrer Full Name:** |  |
| **Agency Name and Contact Details:** |  |

I declare that the information I have provided above is a full and honest account of my knowledge and I have consent to submit this on behalf of the person being referred.

**Signature of referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return the completed form to:**

**E-mail:** **info@caswa.org.uk** **or Post:** CASWA, Naver Business Centre, Naver House, Naver Road, Thurso, Caithness, KW14 7QA.

A Member of our team will contact you within 5 working days of receiving the referral.

**For any queries please email** **info@caswa.org.uk** **or call 0345 408 0151.**

*(Please note our support workers are outreach so if safe to do so please leave a message and we will get back to you as soon as possible).*