

EXTERNAL REFERRAL FORM

Date of referral

NAME OF REFERRING AGENCY			
REFERRER'S NAME		CONTACT NUMBER	
REFERRER'S EMAIL ADDRESS			
HAS THE PERSON YOU ARE REFERRING CONSENTED TO BEING CONTACT BY US?			
Yes / No			

NAME OF CLIENT		MARITAL STATUS		DOB/ AGE	
CONTACT NUMBER(S)		SAFE CONTACT ARRANGEMENTS	(Safe to leave voicemail at this number? Agreed code word/strategy for contact?) Safe to reach you the number.		
ADDRESS					
DANGEROUS AREAS					

ETHNICITY				
IMMIGRATION STATUS				
MAIN LANGUAGES SPOKEN				
INTERPRETER REQUIRED?				
RELIGION? (if any)				
SEXUAL ORIENTATION?				
DISABILITY OR HEALTH NEEDS?				
SUPPORT FROM OTHER AGENCIES?	(Please provide details)			
CHILDREN/DEPENDENTS NAMES	D.O.B / AGE *Include pregnancy and due date when appropriate	M/F	WHERE DO THE CHILDREN CURRENTLY LIVE	RELATIONSHIP TO PERPETRATOR?

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Is there current involvement with Social services?

Southampton Social Services- involvement with the children. Need a solicitor for that.

Contact details of Social Worker:

GP Details	(Name of GP and surgery details)
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Housing Status	Joint tenancy <input type="checkbox"/> Sole tenancy <input type="checkbox"/> Perpetrator name only <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Type of tenancy	
Name of Landlord and contact details	(Please specify if Local authority, Housing Association, private rented, home owner etc)

Income		
Working F/T or P/T?		
Welfare Benefits?	How much?	
Name of benefit		Paid to whom?

Existing Court Orders? <i>Please state: Non Molestation Orders, Injunctions, Contact, Residency or Occupation Orders.</i>
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Alleged Perpetrator Details Name: Address: (if known) Relationship to referee: D.O.B:	(please state if perpetrator is spouse, ex partner, family member etc) .
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Please provide reasons for this referral (including details of the most recent incident) and also what kind of support is required

Is there any police involvement? (Please provide details of Officer in Charge and Crime reference numbers if known)

The Gaia Centre's address is confidential.

Referral Criteria

We can support Lambeth residents who have experienced or who may be at risk of experiencing any form of gender-based violence including:

- Domestic violence
- Stalking
- Prostitution
- Forced Marriage
- So called 'honour based' violence
- Female Genital mutilation
- Sexual violence
- Trafficking

Women and Girls aged 13+ and men aged 16+. Children are welcome.

How to make a referral

Gaia Centre accepts self and agency referrals.

Referral forms are to be completed by the referring agency. We will follow this up with the client – either on the telephone or face-to-face, according to their preferences, in order to offer support.

Inappropriate Referrals will be referred /sign posted onto appropriate service.

Please e-mail completed form to: lambethvawg@refuge.org.uk.

Fax: 020 7095 8976

Tel: 020 7733 8724



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