# **[Safe to Talk](http://www.safetotalk.org.uk/site/index.php)**

**Coventry Haven Women’s Aid**

**And**

 **Safe To Talk Referral Form**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d 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 send your referral via secure email or over the phone (**if you do not have a secure email** account please ensure documents are sent password protected (call us for info how to refer in safely and securely):

* Send securely to referrals@coventryhaven.cjsm.net
* or password protected to referrals@coventryhaven.co.uk
* Helpline for victims 0800 111 4998
* General enquiries for professionals 02476 444077

We can take the referral over the phone, or you can support the client to call us directly to make a self-referral via 0800 111 4998

Your referral will be acknowledged as soon as possible (within 24 hours).

**Eligibility criteria for this service:**

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

Any women and their children who have, or are being subjected to domestic abuse in any form to free themselves from the situation they are in.

**Accompanying documents:**

Please attach any supporting documents to this referral, password protected if sent via referrals@coventryhaven.co.uk.

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact our main office (Listening Post) 02476 444077 or email info@coventryhaven.co.uk

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| 1. **INFORMATION ABOUT THE PERSON MAKING THE REFERRAL**
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|  |
| **Please indicate which service you’d like to refer to:****Coventry Haven Women’s Aid** – female victims**Relate** – Wish and Choose 2 Change**Panahghar** – male victims and BME female victims |
| Date of referral: |  |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name |  |
| Role / job title |  |
| Contact number  |  |
| Contact email |  |

1. **CLIENT CONTACT INFORMATION**

|  |
| --- |
| **Client details**  |
| First name(s) |  |
| Last name |  |
| Other names / Aliases |  |
| What do they like to be called? |  |
| Date of Birth |  |
| National Insurance Number (if known) |  |
| **Covid-19 info** |
| Have you experienced any Covid-19 symptoms? |  |
| Have you been tested for Covid-19? |  |
| Additional Covid-19 notes |  |
| **Addresses**  |
| Current address |  |
| Current Borough/LA |  |
| Borough/LA fled from (if different) |  |
| Does the perpetrator live at this address? |  Yes [ ]  No [ ]  Don’t Know [ ] Further information:  . |
| Safe contact notes (post): |  |
| **Contact information** |
|  | *Details*  | *Safe to contact?* |
| Phone number |  | [ ]  Text and calls both safe[ ]  Only phone calls safe |
| Email address |  | [ ]  Safe to use email |
| Safe contact notes (phone and email) |  |
| Preferred contact method | [ ]  Any [ ]  Phone [ ]  Text [ ]  Email [ ]  Post |
| **Professionals** |
| Are there any other professionals involved? *(Please give details)* |  |

 **3. CLIENT EQUALITIES MONITORING**

|  |  |
| --- | --- |
| How would this survivor describe their gender? | Female [ ]  Male [ ] In another way:\_\_\_\_\_ \_ \_\_\_ [ ]  Prefer not to say [ ]  Don’t know [ ]   |
| Is their current gender identity different to the sex they were assigned at birth? |  Yes [ ]  No [ ]  Prefer not to say [ ]  Don’t know [ ]   |
| Do they consider themselves to have any kind of disability? (please tick any that apply) | Physical [ ] Learning [ ] Hearing [ ] Vision[ ] Mental Health [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]   Prefer not to say [ ]  Don’t Know [ ]  |
| How would they describe their ethnicity? |
| **White:**British [ ]  Eastern European [ ] Gypsy or Irish Traveller [ ] Irish [ ] Scottish [ ] Any other white background [ ]  **Asian / Asian British:**Bangladeshi [ ] Chinese [ ] Indian [ ] Pakistani [ ] Any other Asian background: [ ]  | **Black / African / Caribbean / Black British:**African [ ] Caribbean [ ] Any other Black / African / Caribbean background: . [ ] **Mixed / multiple ethic background:**White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/ multiple background:. [ ] **Other ethnic group:**Arab [ ] Any other ethnic group: \_\_\_ \_\_\_\_ [ ]   Prefer not to say [ ]  Don’t know [ ]  |
| Do they have a faith/religion?  |
| No religion [ ] Bahai [ ]  Buddhist [ ] Christian [ ] Hindu [ ] Jain [ ] Jewish [ ]  | Muslim [ ]  Shinto [ ]  Sikh [ ] Zoroastrian [ ]  Any other religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ [ ]  Prefer not to say [ ]  Don’t Know [ ]  |
| What is their relationship status?(tick one option) | Civil partnership (CP) [ ] Cohabiting but not married or in a CP [ ] Divorced [ ] In a relationship (not cohabiting) [ ]  Married [ ] Separated [ ] Single [ ] Widowed [ ] Something else: [ ] Prefer not to say [ ]  Don’t Know [ ]  |
| What is their sexual orientation?(tick one option) | Heterosexual/straight [ ] Gay woman/Lesbian [ ] Gay man [ ] Queer [ ] Bisexual [ ] Asexual [ ] Pansexual [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prefer not to say [ ] Don’t know [ ]  |
| Are they pregnant? |  Yes [ ]  No [ ]   Prefer not to say [ ]  Don’t know [ ]  |

**4. CLIENT SUPPORT NEEDS**

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| ***Please tell us more about any support needs the client may have:*** |
| Mental Health [ ] Physical Health [ ]   | Alcohol [ ]  Drugs [ ] Offending history [ ]   |
| **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 recourse to public funds? | Yes [ ]  No [ ]  Don’t know [ ]  |
| **Accessibility requirements**  |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes [ ]  No [ ]  Prefer not to say [ ]  Don’t know [ ]  | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes [ ]  No [ ]  Don’t know [ ]  | *If yes, please provide details (e.g. language):* |

**5. CHILDREN**

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| **If the person being referred has children, please provide their names and dates of birth below** |
| *Name* | *Date of Birth* |
|  |  |
| Are child services involved in this case? *(Please give details)* |  |
| Name of social worker *(if relevant)* |  |

**6. ALLEGED PERPETRATOR(S)**

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| **Information about the alleged perpetrator, if known:** |
| Name |  |
| Gender of perpetrator |  Male [ ]  Female [ ]  Don’t Know [ ]  Another gender:\_\_\_\_\_ \_\_\_\_ \_\_\_ [ ]   |
| Relationship to survivor |   |
| Address |  |
| Current Borough/LA |  |
| Date of Birth |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* |
|  |

**7. REASON FOR REFERRAL**

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| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?**  |
|   |

Thanks for taking the time to complete this referral.

**To submit your completed document, please email securely via referrals@coventryhaven.cjsm.net**

**Or password protected to referrals@coventryhaven.co.uk or call 0800 111 4998 to make the referral over the phone**

Before you send the referral, please check that your referral meets the criteria set out on the first page of this document, and that any relevant additional materials are attached – **all attachments must be password protected.**

If you have any general queries, please contact 02476 444077.

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| ***OFFICE USE ONLY***  |
| ***Referral outcome*** |
| Referral accepted? | Yes [ ] No [ ]  |
| Allocated to: |  |
| **Please complete if the referral was rejected** |
| Reason for rejection  | Unable to contact client [ ] Client does not want support [ ] No space/capacity to support [ ] Already active in service [ ] Ineligible for support (age) [ ] Ineligible for support (borough) [ ] Ineligible for support (not domestic abuse) [ ] Ineligible for support (service description) [ ]  Identified as unsafe to work with [ ]  Identified as perpetrator [ ]  Needs better met elsewhere (already supported by DV agency) [ ] Needs better met elsewhere (referred to a partner agency) [ ] Unable to meet support needs around disability [ ] Unable to meet support needs around drug and alcohol [ ] Unable to meet support needs around language [ ] Unable to meet support needs around large family [ ]  Unable to meet support needs around mental health [ ] Unable to meet support needs around NRPF [ ] Previous convictions for violent/sexual offences/arson [ ] Other [ ]  |
| Referred/signposted on to: | Another refuge [ ] Another specialist VAWG service [ ] National Domestic Violence Helpline (NDVH) [ ] Non-VAWG organisation/service [ ] Other: [ ] Further details: . |