**Appendix A: Referral form**

**Early Intervention Referral form**

Completed Early Intervention referral form, and accompanying DASH RIC (if available) should be sent by secure email to the Early Intervention practitioner: earlyintervention.london@respect.cjsm.net

**Referring agency**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer name**  |  | **Referring Social Care Team** |  |
| **Telephone & email** |  | **Date of referral** |  |
| **Referrers working hours (for Case Consultation)** |  |

**Referral detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **Victim Name** |  | **Victim D.O.B** |  |
| **Address** |  | **Ethnicity****Disabled****Sexual orientation****Gender** |  |
| **Telephone no.** |  | **Alternate contact no.** |  |
| **Safe contact information** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Perpetrators** **name** |  | **Perpetrator D.O.B** |  |
| **Address** |  | **Relationship to victim** |  |
| **Telephone no.** |  | **Alternative contact no.** |  |
| **Ethnicity****Disabled****Sexual orientation****Gender** |  |
| **Perpetrator(s) occupation** |  |
| **Relationship status (separated/co-habiting etc.)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children** | **DOB** | **Relationship to victim** | **Relationship to perpetrator** | **Address** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Is the victim pregnant?** |  | **Due date** |  |

**Reason for referral**

|  |  |
| --- | --- |
| **Outline risk factors, relevant background and reason for referral.**  |  |
| **Detail actions/behaviours the Perpetrator has used towards the victim and/or children (e.g. the father takes the mothers money, isolates her from family/friends).** |  |
| **Detail the impact of the perpetrators listed actions/behaviours to victim and child.**  |  |
| **Detail the victims strength and their efforts made to support or provide safety and wellbeing of the children.**  |  |
| **Detail fathers willingness and motivation to engage** |  |
| **Is the victim aware of this referral?** |  | **Has the victim given consent to this referral?**  |  |
| **If the victim is not aware or not given consent, why not?**  |   |
| **Is the perpetrator aware of this referral?** |  | **Has the perpetrator given consent to this referral?**  |  |
| **If the perpetrator is not aware or not given consent, why not?**  |   |
| **Has the victim identified any priorities to increase their safety or meet their needs?** |  |
| **Has the victim been referred to MARAC previously? If so when are where?**  |  |
| **Has the perpetrator been heard at MARAC or MAPPA previously? If so when and where?** |  |