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**Eastern European Victims(A8) IDVA Referral Form**

**CONSENT**

Does the victim consent to this referral being made and the information being shared? **Y** **N**

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| **REFERRER’S DETAILS** |
| |  |  | | --- | --- | | **Name** | Click here to enter text. | | **Agency** | Click here to enter text. | | **Phone number** | Click here to enter text. | | **E- mail address** | Click here to enter text. | |
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| **Victim’s Details**   |  |  | | --- | --- | | **Full name** | Click here to enter text. | | **Date of Birth** | Click here to enter text. | | **Gender** | **M  F  Other** | | **Nationality** | Click here to enter text. | | **Language** (Does the victim need an interpreter, if so what languages does she/he speak) | Choose an item. | | **Address** | Click here to enter text. | | **Telephone number**  (Please specify if it is safe to text or leave a message e.g. is victim’s phone being checked, safe times to contact) | Click here to enter text. | | **Specific needs of victim**  (Does the victim have supports needs around drug or alcohol misuse, mental health or disability? Are there any barriers that victim might be facing? e.g. language, isolation, immigration status, violence from the family or community ) | Click here to enter text. |   **ALLEGED PERPETRATOR’S DETAILS**   |  |  | | --- | --- | | **Full name** | Click here to enter text. | | **Date of Birth** | Click here to enter text. | | **Gender** | Click here to enter text. | | **Nationality** | Click here to enter text. | | **Address** | Click here to enter text. | | **Relationship to victim/survivor** | Click here to enter text. |   **CHILDREN’S DETAILS (Please list all children living in the household and pregnancies if any)**  **Child 1**  **Full Name** Click here to enter text.  **DOB** Click here to enter text.  **Gender** Click here to enter text.  **Address** Click here to enter text.  **School/nursery** Click here to enter text.  **Is child’s father the perpetrator?** Click here to enter text.  **Child 2**  **Full Name** Click here to enter text.  **DOB** Click here to enter text.  **Gender** Click here to enter text.  **Address** Click here to enter text.  **School/nursery** Click here to enter text.  **Is child’s father the perpetrator?** Click here to enter text.  **Child 3**  **Full Name** Click here to enter text.  **DOB** Click here to enter text.  **Gender** Click here to enter text.  **Address** Click here to enter text.  **School/nursery** Click here to enter text.  **Is child’s father the perpetrator?** Click here to enter text.  **Child 4**  **Full Name** Click here to enter text.  **DOB** Click here to enter text.  **Gender** Click here to enter text.  **Address** Click here to enter text.  **School/nursery** Click here to enter text.  **Is child’s father the perpetrator?** Click here to enter text. |

**Other Children**

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| Click here to enter text. |

**REASON FOR REFERRAL**

Please include a brief description of the reason for referral (E.g. what are your concerns, victim’s perception of risk, any recent incidents, risks to the victim from the alleged perpetrator and other people)

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| Click here to enter text. |

**Please note: IDVA service will attempt to contact the victim within 72 working hours of the receipt of this referral. All high risk cases should be referred to MARAC. If the case is identified as high risk you will be contacted and invited to share the information at multi-agency forum.**

**Please e-mail completed form to:** [**idva.referrals@cambridgeshire.gov.uk**](mailto:idva.referrals@cambridgeshire.gov.uk)