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| **IMPAKT Domestic Abuse Resettlement and Support Referral Form**  |

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| Please send all **BEDFORDSHIRE** referrals via email toDARTreferrals@impakt.org.ukPlease send all **CAMBRIDGESHIRE** referrals via email toDASSreferrals@impakt.org.ukThe Domestic Abuse Resettlement and Support Teams can be contacted by telephone on **01234 264109**We seek to support men, women and families, from 16 years and above, with or without children. |

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| **Important Considerations to be made by a third party referrer:**If any safeguarding concerns are present or disclosed at the time of the referral (in respect to the applicant and/or the child/ren being discussed), it is the referrer’s responsibility to follow safeguarding protocols held within their organisation.The client must be part of the referral process, give consent to the referral being made and give permission for our Domestic Abuse Staff to contact the client.The client can decline or withdraw from the provision of service at any time. |
| **Referrer Details (if applicable)** |
| **Organisation:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Contact Telephone Number:** |  |
| **Email:** |  |
| **Relationship to Applicant:** |  |

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| **Date of Referral:** |   |

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| **Applicant Details** |
| **First Name:** |  |
| **Surname:** |  |
| **Date of Birth:** |  |
| **National Insurance number (if known):** |  |
| **Full Current Address:** |  |
| **Phone Number:** |  | Safe to use to contact applicant? | YES [ ]  | NO [ ]  |
| **Email Address:** |  | YES [ ]  | NO [ ]  |
| **Preferred contact method:** | Any [ ]   | Phone call [ ]  | Text [ ]  | Email [ ]   |
| **Does the applicant have an immediate place of safety to stay?** | YES [ ]  | NO [ ]  |
| **Is there an immediate housing need?** | YES [ ]  | NO [ ]  |
| **Are there any risks meeting with the applicant in the community or in their home?** | YES [ ]  | NO [ ]  |
| **Safe contact notes:** |  |
| **Is the applicant a British national?** | YES [ ]  | NO [ ]  |
| **If no what is their immigration status?** |  |
| **Does the applicant have recourse to public funds?** | YES [ ]  | NO [ ]  |
| **Under 18’s who reside with the applicant** | Name | DOB | Gender | Relationship to applicant |
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| **Dependant adults (18 and over)****e.g. children / parents with supports needs** | Name | DOB | Gender | Relationship to applicant |
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| **Does the applicant or anyone who will resides with the applicant have any medical concerns, disabilities, addition needs or behavioural issues? Please give brief details** |  |
| **List any other named agencies involved with the applicant or their children / dependants.** |  |
| **Is the applicant currently living with the perpetrator?** | YES [ ]  | NO [ ]  |

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| **Has a DASH been completed?** | YES [ ]  | Score |  | Date submitted or heard |  |
| NO [ ]  |  |
| **Perpetrators Details:****Name, Address, DOB** |  |
| **Has there been any incidents of domestic abuse in the last 12 months?** | YES [ ]  | NO [ ]  |
| **Background information and overview:****Why is the referral being made?** |  |

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| **Additional Information** |
| **The information shared in this section will be for evaluation purposes and will be included in reports to IMPAKT Housing & Support funders.****This information will help us continually improve our approach for others who need support.****When reporting, personal information will be anonymised, and identifiable features removed.** **Personal information will be stored securely.****The IMPAKT Housing & Support Client Privacy Notice can be viewed online:** <https://impakt.org.uk/> |
| Applicant ethnicity (please note, we are not asking about Nationality or Citizenship, but about the ethnic group to which the applicant feels they belong) | prefer not to disclose |  |
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| Gender identity (optional; choose all that apply): | prefer not to disclose |  |
| agender |  | androgyne |  | demigender |  |
| genderqueer or gender fluid |  | man |  | questioning or unsure |  |
| trans man |  | trans woman |  | woman |  |
| additional gender identity: please specify |
| Sexual orientation (optional; choose all that apply) | prefer not to disclose |  |
| asexual |  | bisexual |  | gay |  |
| straight (heterosexual) |  | lesbian |  | pansexual |  |
| queer |  | questioning or unsure |  | same-gender loving |  |
| additional sexual orientation: please specify |

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| **Meeting Requirements** |
| **Does the applicant require any special arrangements at the meeting due to a disability, medical condition?** | YES [ ]  | NO [ ]  |
| **Is a translator required at the meeting due to a language barrier?** | YES [ ]  | NO [ ]  |
| Details: |

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| **To be read and signed by the Applicant** |
| **Declaration** | **I confirm that the information provided is accurate and that I understand should pertinent information be withheld or false information willfully provided, the referral may be declined and offer of support withdrawn.** |
| **Consent Statement** | **I consent to the referral being made and give permission for the IMPAKT Housing & Support Domestic Abuse Staff to contact me** |
| **My personal data** | **I understand that any personal data contained in this form will only be processed and retained in accordance with the IMPAKT Housing & Support Client Privacy Notice accessible on** <https://impakt.org.uk/> |
| **Applicant Signature**: |  |
| **Date:** |  |