|  |  |  |  |
| --- | --- | --- | --- |
| **Client Information** | | | |
| **Perpetrator DETAILS** | | **Victim DETAILS** | |
| **Full Name** |  | **Full Name** |  |
| **DOB** |  | **DOB** |  |
| **Address** |  | **Address** |  |
| **Phone no.** |  | **Phone no.**  **Is it safe to call?** | **Yes/No** (Please delete as appropriate) |
| **Email Address** |  | **Email Address**  **Is it safe to email?** | **Yes/No** (Please delete as appropriate) |

|  |  |
| --- | --- |
| **Referrer’s name** |  |
| **Organisation** |  |
| **Job title** |  |
| **Contact number** |  |
| **Email** |  |
| **Involvement with the family (*please provide details)*** |  |
| **Has the case been heard in MARAC in the last 3 months** | **Yes/No** (please delete as appropriate) |
| **Date of referral** |  |

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| **Perpetrator’s children – name/dob/gender**  **Contact with all children named on the referral** |  | **Victim’s children details – name/dob/gender**  **Contact with all children named on the referral** |  |
| **Employment status** |  | **Employment status** |  |
| **Ethnicity\*** |  | **Ethnicity\*** |  |
| **Disability\*** |  | **Disability\*** |  |
| **First Language\***  **Interpreter required** | **Yes/No** (please providedetails) | **First Language\***  **Interpreter required** | **Yes/No**  (Please delete as appropriate) |
| **Sexual Orientation\*** |  | **Victim referred to Domestic Abuse service (COMPASS, Changing Pathways; Next Chapter; Safe Steps)?** Please provide details including known level of current engagement with DA support service. | **Yes/No** (Please delete as appropriate**)** |
| **Known risk to professionals** | **Yes/No** (please providedetails) |
| **Perpetrator gave consent to refer?** | **Yes/No** (please delete as appropriate) |

**Please email referrals to:** [**tcp@thechangeportfolio.org**](mailto:tcp@thechangeportfolio.org) **/**[**columbus@essexchange.cjsm.net**](mailto:columbus@essexchange.cjsm.net)

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| **Current concerns and pattern of abusive behaviour (Perpetrator only)**  **Please provide as much information as possible and highlight any criminal convictions/Cautions for domestic violence offences.** |
|  |

**Are these External Agencies Involved? (Please tick all that apply)**

**P = Perpetrator V = Victim**

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|  | **P** | **V** |  | **P** | **V** |  | **P** | **V** |
| CAFCASS |  |  | Children’s Social Care/Children’s Services |  |  | Adult’s Social Care |  |  |
| Police |  |  | The Probation Service |  |  | Mental Health |  |  |
| Substance Misuse Services |  |  | Counselling/Therapeutic Services |  |  | Housing |  |  |
| Health Services |  |  | Other (please provide details) | | | |  |  |

**Diversity Monitoring**

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| --- | --- |
| Ethnicity  1 – Asian or Asian British – Bangladeshi  2 – Asian or Asian British – Chinese  3 – Asian or Asian British – Indian  4 – Asian or Asian British – Pakistani  5 – Asian or Asian British – Other  6 – Black or Black British – African  7 – Black or Black British – Caribbean  8 – Black or Black British – Other  9 – Mixed – White and Asian  10 – Mixed – White and Black African  11 – Mixed – White and Black African  12 – Mixed Other  13 – White – British  14 – White – Irish  15 – White – Other  16 – Other  17 – Prefer not to say  Religion  1 – Buddist  2 – Christian (all denominations)  3 – Hindu  4 – Jewish  5 – Muslim  6 – Sikh  7 – Other  8 – None  9 – Prefer not to say  Disability  1 – Blind/Partially Sighted  2 – Dead/Hearing Impaired  3 – Dyslexia  4 – Mental Health Difficulties  5 – Personal Care Support Requirements  6 – Unseen disabilities  7 – Wheelchair/mobility issues  8- Other  9 – None  10 – Prefer not to say | First Language  1 – Albanian/Kosovan  2 – Arabic  3 – Bengali  4 – British sign language  5 – Chinese (Cantonese)  6 – Chinese (Madarin)  7 – Croatian  8 – English  9 – Farsi/Persian  10 – French  11 – German  12 – Greek  13 – Gujarati  14 – Hindi  15 – Italian  16 – Japanese  17 – Polish  18 – Portuguese  19 – Punjabi  20 – Romanian  21 – Russian  22 – Serbian  23 – Somali  24 – Spanish  25 – Swahili  26 – Turkish  27 – Urdu  28 – Other  29 – Prefer not to say  Sexual Orientation  1 – Asexual  2 – Bisexual  3 – Gay  4 – Heterosexual  5 – Lesbian  6 – Transgender  7 – Other  8 – Prefer not say |