

Rushmoor Citizen's Advice Nepali Domestic and Sexual Abuse Referral/Intake form	Client ID/Ref No:	Case worker:
	Risk Level:	

Referral Date:	Referred By:	Repeat: Y/N	Referral No:
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<b>Client Details:</b>	Name/AKA:	DOB & Age:	Gender:
ADDRESS	Safe to write: Y / N	Ethnicity:	
Alternative Address:	Safe to write: Y / N	Language(s) spoken:	
		Translator required?	
		Immigration status:	
Tel no.	Mobile:	Sexual orientation:	
Safe tel/mobile:		Describe relationship and living arrangements: (e.g. on / off / client lives at mums/ perp stays over occasionally)	
Code word/safe time to call:			
Other useful tel no: (e.g. family members / colleague / friend)			
Drug / alcohol / mental health issues / diagnosis / treatment:		Disability / literacy or numeracy difficulties:	
Describe employment: (e.g. occupation / unemployed / in training or education / financial status / benefits. inc. addresses & contacts)			

<b>Partner/Ex Partner / Family Member Details:</b>	Name/AKA	DOB & Age	Gender:
ADDRESS		Ethnicity	
		Language(s) spoken	
		Translator required?	
		Immigration Issues:	
Drug / alcohol / mental health issues / diagnosis / treatment / support		Disability / literacy or numeracy difficulties:	
Describe employment: (e.g. unemployed / benefits / occupation /address/ work contacts)			

<b>SIGNIFICANT CONCERNS FLAG:</b> (e.g. staff safety issues / serial or repeat perpetrator /suitable times to call client / HBV / suicide or self harm concerns / MARAC case)
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CHILDREN'S DETAILS	GENDER	DOB / AGE	Partner / ex-partner parent of child / unborn baby (if no, state who)	Does perp have PR?	SCHOOL
NAME:					
Pregnant: Y <input type="checkbox"/> N <input type="checkbox"/>	Due date:				
Describe living arrangements and address if different to client details above.					
CYPS involved: Y <input type="checkbox"/> N <input type="checkbox"/> Describe involvement:					
Flag significant concerns re. children:					

Checklist	
CAADA DASH RIC completed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Referred to MARAC?	<input type="checkbox"/> Y <input type="checkbox"/> N
ISSP in place	<input type="checkbox"/> Y <input type="checkbox"/> N
Confidentiality and information sharing agreement consented to by client?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Tel <input type="checkbox"/> Written
Service explanation provided	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Tel <input type="checkbox"/> Written
Monitoring and evaluation of data consented to by client?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Tel <input type="checkbox"/> Written
Is there a conflict of interest in this case?	<input type="checkbox"/> Y <input type="checkbox"/> N If yes, discuss with your manager
<b>Other:</b>	

Reason for referral / details of incident prompting referral / history of relationship, including police call outs / A&E attendances / injuries / children witnessing
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