**Advance Brent DVA Referral Form**

**Advance Brent DVA Referral Form**

Advance is a charity that supports people at high and medium risk of domestic abuse in Brent.

If you wish to refer to Advance please complete this form and send it to;

Brent.admin@advancecharity.org.uk or Brent.admin@advance.cjsm.net

Advance Brent DVA service will attempt to make contact with all new referrals with 24 working hours of receipt and will update you if and when contact is successful. If this form is not fully completed it may be returned to you before contact can be attempted.

**DATA PROTECTION STATEMENT**

**Please ensure that the victim/survivor is aware that the information gathered and included in the referral form is confidential and will be kept on file. The information will only be disclosed to third parties without the victim/survivor’s consent if there is a significant risk of harm to a child or adult**

**CONSENT**

Has the victim/survivor consented to this referral [ ]  Yes

|  |
| --- |
| (Please check this box to confirm that consent has been obtained and note that the referral will only be accepted if consent has been obtained) **REFERRER’S DETAILS**  |
|

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Borough |  |
| Phone number |  |
| E mail address |  |

 |
|  |
|  |
|  |
| **Victim/Survivor’s details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Ethnicity |  |
| Primary Language |  |
| Gender |  |
| Sexual orientation |  |
| Address |  |
| Telephone numberDoes victim/survivor have a disability under Equality Act 2010 |  |
| Please specify if it is safe to leave a message i.e. does her partner check her voicemails- does he work during the day; do they live together or are they separated etc. |  |
| Email address  |  |
| Please specify if it is safe to send an email  |  |
| Specific needs of victim/survivor (e.g. does the victim/survivor need an interpreter, are there specific times of day that are safest for the victim/survivor to be contacted, does the victim/survivor have supports needs around drug or alcohol misuse, mental health or disability?)  |  |

**ALLEGED PERPETRATOR’S DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Relationship to victim/survivor |  |

**CHILDREN’S DETAILS** **(Please complete for each child)**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| Relationship to perpetrator |  |

 |

**REASON FOR REFERRAL**

Please include a brief description of the recent incident/ reason for referral

|  |
| --- |
|  |

**Please note: All high-risk cases should be referred to MARAC/SAFEGUARDING by your Agency**

 **Agency**