**A green and black sign

Description automatically generated**

**DOMESTIC ABUSE REFERRAL FORM**

Send completed form to [refferal@dawafoundation.net](mailto:refferal@dawafoundation.net)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE NOTE THAT A COMPLETED DASH RISK ASSESSMENT MUST  ACCOMPANY THIS REFERRAL OR DETAILS OF THE OUTCOME | | | | | | | |
| **CLIENT VICTIM DETAILS** | | | | | | | |
| **Name of client/victim:** |  | | | **DOB:** | | | **Risk area(s)\*:** |
| **Address:** |  | | | | | |
| **Contact:** |  | | | | | | **Safe to contact via: Please state which:** |
| **Details of best / safe times to contact:** | | **Language/communication needs:** | | | | | **Does the person have access to public funds? Yes / No** |
| **Children’s details:** | **Name:** | | **DOB** | | | | **Details of where they’re living** |
| Pregnant:  Length: |  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
| **PERPETRATOR DETAILS (if known)** | | | | | | | |
| **Perpetrator Name** |  | | **Relationship to victim:** | | | | |
| **Address:** |  | | | | **Place of work** : | | |
| **DASH ASSESSMENT OUTCOMES (if any...) / TYPE OF ABUSE:** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **REFERRALAGENCYDETAILS** | | | | | | | |
| **Name of referrer:** |  | | **Agency:** | | |  | |
| **Contact number/ email** |  | | **What is the agency’s involvement with the victim/family?** | | | | |
| **Brief history /details of reason for referral** (including any needs already identified such as accommodation/Outreach) **:** | | | | | | | |