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|  | **Domestic Abuse Self-Referral Application Form**  If you need any help to complete this form please call: **0345 3 30 30 30** |

*Confidentiality*

We understand that confidentiality is important to our service users. The information that you share with us will be kept in the strictest confidence and in accordance with the Data Protection Act (1998). During the assessment meeting, the staff member will explain to the service user the exceptional circumstances when confidential information will have to be shared, for example, if they or somebody else is at risk of significant harm or where there is a requirement in law in the case of serious criminal offences (in particular terrorism and money laundering). In such exceptional circumstances, we will try to get their consent before disclosing any information if that is possible and do our best to help them. **For further info on our policy** **please contact us at 0345 3 30 30 30.**

**Please send the completed referral form to:**

**Domestic Abuse Service, FREEPOST RLZG-SLUJ-RXKJ, LGBT Foundation, Number 5 Richmond Street, Manchester M1 3HF or email to [dasupport@lgbt.foundation](mailto:dasupport@lgbt.foundation)**

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| --- | --- |
| **Date** (DD/MM/YYYY): |  |

|  |  |
| --- | --- |
| **First Name:** |  |

|  |  |
| --- | --- |
| **Surname:** |  |

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| **What pronoun would you like us to use for you?** *There is no obligation to answer, but it will help us address you as you wish to be addressed.* | | | | | | | | | | | |
|  | **She/Her** |  | **He/His** |  | **They/Their** |  | **Other:** |  |  |  | **Prefer not to say** |

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| **Date of birth** (DD/MM/YYYY): |  |  | **Age:** |  |

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| **Full address:** |  |
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| **Town/City:** |  | **Postcode:** |  |  |  |  |  |  |  |  |

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| **Is it okay to write to you at this address?** |  | Yes |  | No |

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| **Email address:** |  |

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| **Is it okay to email you?** |  | Yes |  | No |

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| **Telephone Number:** |  | | | | | |
|  | |  |  |  |  |
| **Is it OK to phone you on this number?** | |  | Yes |  | No |
|  | |  |  |  |  |
| **Is it OK to leave a voice message on this number?** | |  | Yes |  | No |
|  | |  |  |  |  |
| **Do we need to be discrete when calling this number?** | |  | Yes |  | No |

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| **Details of the perpetrator:** | |
| **Name** |  |
| **Relationship to Client** |  |
| **Date of Birth** |  |
| **Gender** |  |

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| **Child(ren)’s Details (IF APPLICABLE)** | | | |
| **Name of Child** | **Date of Birth** | **Relationship to you** | **Relationship to Perpetrator** |
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**Please give a brief outline of your current situation, including the most recent incidents of abuse and your housing situation:**

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| **Please tell us about any specific needs that we need to be aware of**, e.g. language, accessibility, disability: |
|  |

**Demographic Information:**

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| **Which of the following options best describes how you think of yourself?**   * Woman (including trans woman) * Man (including trans man) * Non-binary * In another way (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is your gender identity the same as the gender you were given at birth?** Yes ❒ No❒ |
| **Which of the following options best describes how you think of yourself?**  ❒Lesbian ❒Bisexual ❒Gay ❒Heterosexual  In another way (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is your religion or belief, even if you are not currently practicing?**  ❒Buddhist ❒Christian (inc. all denominations) ❒Hindu ❒Humanist ❒Jewish  ❒Muslim ❒Sikh ❒Agnostic ❒No religion(atheist) Oher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Which of the following best describes how you think of yourself:**  ❒White British ❒White Irish ❒Other white background ❒Mixed White & Black Caribbean  ❒Mixed White & Black African ❒Mixed White & Asian ❒Other mixed group  ❒Asian or Asian British Indian ❒Asian or Asian British Pakistani  ❒Asian or British Asian Bangladeshi ❒Any other Asian or British Asian background  ❒Black or Black British Caribbean ❒Black or Black British African  ❒Any other Black or Black British background ❒Chinese ❒Any other ethnic background |
| **Do you consider yourself to be a disabled person** (this may also include long-term medical conditions) : ❒Yes ❒No |
| **What is your employment status?** *Please tick all options that apply*  ❒Employed (full time) ❒Employed (part time) ❒Student (full time) ❒Student (part time)  ❒Unemployed (eligible for benefits) ❒Unemployed (ineligible for benefits) ❒Retired |
| **What is your relationship status?**  ❒Single ❒In a relationship (**not** co-habiting) ❒In a relationship (**and** cohabiting)  ❒Married ❒Civil Partnership Please also tick if: ❒Widowed ❒Divorced/Dissolved |
| **Have you ever served in the armed forces?** ❒Yes ❒No |
| **Are you a parent/guardian or currently pregnant?***(Please tick all that apply)*  ❒Yes – I have a child/children over the age of one  ❒Yes – I have a child/children under the age of one  ❒ Yes ­­– I am pregnant  ❒ No |
| **Are you living with HIV?**  ❒Yes ❒No ❒I don’t know/I’m not sure |
| **Are you a carer?** *(someone who is looking after a family member, partner or friend who needs help because of illness, frailty or disability and not being paid for this)*  ❒I’m a full time carer ❒I’m a part time carer ❒I’m not a carer |

**THANK YOU FOR COMPLETING ALL INFORMATION**

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| **FOR OFFICE USE ONLY** | | | |
| **Client Code:** |  |  |  |

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| **Client availability:** |  |

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| **Accepted for DA Service?** |  | **Yes** |  | **No** |
| **If not, why?** | | | | |

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| **First appointment offered:** |  |
| **Second appointment offered:** |  |
| **Date of first appointment attended:** |  |
| **Name of staff member:** |  |
| **Date of second appointment attended:** |  |
| **Name of staff member:** |  |

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| **Date client discharged from DA Service:** |  |