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Description automatically generated**

**Domestic Abuse Recovery Toolkit Groupwork (for Black & Brown Women)**

**NDAS referral form**

**How to complete this referral:**

By completing this referral form, you’re helping us to contact the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their needs and circumstances.

**How to submit this referral: Please email completed document to advice@ndas-org.co.uk and/or to divyaterry@ndas-org.co.uk**

**Adult eligibility criteria for this service:**

* **The client is a victim of current or historic domestic abuse.**
* **The client has left the abusive relationship as this is a ‘recovery’ programme.**
* **The client can participate online (via Zoom) for 1.5 hours once per week for a minimum of 10 weeks.**
* **An initial assessment will be set up prior to the start of the groupwork with Diversity Lead Divya, to ensure that client is clear on what the groupwork is about and to discuss any concerns.**

**Accompanying documents:**

Please attach the following documents to this referral, if completed:

* DASH form
* Any other document that would support your referral.

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact 03000120154 and speak to our advice worker or email advice@ndas.co

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: | |  |
| **Please indicate which service you’d like to refer to:** | | |
|  | | |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Role/ job title |  | |
| Contact number |  | |
| Contact email |  | |

1. **Client contact info**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | | | |
| First name | | |  | | | | |
| Last name | | |  | | | | |
| Other names | | |  | | | | |
| What do they like to be called? | | |  | | | | |
| DOB | | |  | | | | |
| NI Number (if known) | | |  | | | | |
| **Addresses** | | | | | | | |
| Current address  Rent arrears?  Private/housing association/owned? | | |  | | | | |
| Current Local Authority | | |  | | | | |
| Local Authority of origin (if different) | | |  | | | | |
| Does the perpetrator live at this address? | | | Yes  No  Don’t Know | | | | |
| Safe contact notes: | | |  | | | | |
| **Contact info** | | | | | | | |
| *Details Safe to contact?* | | | | | | | |
| Phone | |  | | | |  | |
| Email | |  | | | |  | |
| Safe contact notes | |  | | | | | |
| **Next of kin – who can we contact in an emergency?** | | | | | | | |
| Name | |  | | | Relationship | |  |
| Contact information | |  | | | | | |
| Safe contact notes | |  | | | | | |
| **Accessibility requirements** | | | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes  No  Don’t Know | | | *If yes, please provide details:* | | | |
| Does this client require an interpreter? | Yes  No  Don’t Know | | | *If yes, please provide details:* | | | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  In another way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know |
| Do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| How would they describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Do they have a faith/ religion? | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| What is their relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is their sexual orientation?  (tick one option) | Heterosexual/ straight  Gay woman/ Lesbian  Gay man  Bisexual  Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Are they pregnant? | Yes  No  Don’t know |

1. **Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health | Substance misuse  Offending |
| **Additional details:** | |
|  | |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – please provide a summary of the client’s experience of domestic abuse and if there are any specific cultural needs to be aware of.** |
| \*\* Please note that this groupwork looks at cultural trauma and focuses on the needs of Black and Brown Women who have experienced domestic abuse \*\* |
| **Are there any known risks to working with this client?** |
|  |

1. **Alleged perpetrator/s**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator, if known:** | |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

Thank you for taking the time to complete the referral form. If you have any further questions or queries, please do contact me on:

[divyaterry@ndas-org.co.uk](mailto:divyaterry@ndas-org.co.uk)

07912 594284

Divya Terry

Diversity Lead