**FREEDOM REFERRAL FORM**

The Freedom Programme is an 11 week group work programme that examines the roles played by attitudes and beliefs on the actions of abusive perpetrators and the responses of victims and survivors. The programme also describes in detail how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed.

**Contact information**

|  |  |  |
| --- | --- | --- |
|  | | |
| First name |  | |
| Last name |  | |
| DOB |  | |
| **Current address** |  | |
| Does the perpetrator live at this address? | Yes  No  Don’t Know | |
| *Details Safe to contact?* | | |
| Contact Number |  |  |
| Email |  |  |
| **Please provide a safe additional contact for emergency purposes ONLY** | | |
| Name & relationship to you |  |  |
| Contact Number |  |  |
| **Any additional safety notes please record here:** | | |
| **Reason for referral:** | | |

**Additional Needs and involvement**

|  |  |  |
| --- | --- | --- |
| Is there any social care involvement in this case? | Yes | No |
| *(Please provide details including any plans)* |  | |
| Name of allocated worker and contact details  *(if relevant)* |  | |
| Does client have additional needs? | Yes | No |
| If yes please provide an overview of support needs |  | |

|  |  |  |
| --- | --- | --- |
| **Freedom programme** | | |
| Would you prefer face to face or virtual freedom | Face to Face  Virtual  Don’t Know | *If yes, please provide details:* |
| Does you require an interpreter? | Yes  No  Don’t Know | *If yes, please provide details:* |
| **Virtual Freedom programme** |  |  |
| **Virtual Freedom** programmes:  Do you have access to the internet and Broadband strength to access Zoom? | Yes  No  Don’t Know |  |
| Are you able to attend a group interrupted on a weekday between 10am – 12noon | Yes  No  Don’t Know |  |
| Are you able to attend a group uninterrupted on a weekday evening between 1900 - 2100 | Yes  No  Don’t Know |  |

**Equalities monitoring**

|  |  |  |
| --- | --- | --- |
| Gender | Female | Male |
| Do you 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 you 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 you have a faith/ religion? | | |
| No religion  Bahai  Buddhist  Christian  Hindu  Jewish  Jain | Muslim  Shinto  Sikh  Zoroastrian  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know | |
| What is client’s nationality? |  | |

**To submit this referral please email it to advice@ndas-org.co.uk**

**If you have any queries, please email** **advice@ndas-org.co.uk** or call **0300 0120154**.