**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.

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| **Information about the person making the referral** |
|  |
| Date of referral: |  |
| **Please ensure all information is included.** |
| Referrer’s name (if applicable) |  |
| Organisation name (if applicable) |  |
| Role/ job title (if applicable) |  |
| Contact number  |  |
| Contact email |  |

**Client 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 client |  |[ ]
| 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 |  |

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

**Client equalities monitoring**

|  |  |  |
| --- | --- | --- |
| Client Gender | Female [ ]  | Male [ ]  |
| Do they 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 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**.