**YOU AND ME MUM REFERRAL FORM**

A programme for mum’s which aims to empower, support and further develop your role as a mum by understanding the needs of children and young people who have lived with domestic abuse.

Group aims-

* To understand how domestic abuse affects you as a parent
* To understand the effects of domestic abuse on children and young people
* To develop effective communication skills with children and young people
* To promote healthy non-abusive relationships
* To explore protective strategies for keeping mum’s children and young people safe

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| **Information about the person making the referral**  |
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| Date of referral: |  |
| Name of Programme:  |  |
| **Please ensure all below sections are completed** |
| Referrer’s name (if applicable) |  |
| Organisation name (if applicable) |  |
| Role/ job title (if applicable) |  |
| Contact number  |  |
| Contact email |  |

 **Client Information:**

|  |  |
| --- | --- |
| **Client** |  |
| First name |  |
| Last name |  |
| Other names |  |
| What do they like to be called? |  |
| DOB |  |
| **Current address** |  |
|  **Contact Info**  |  | *Any additional safety info-* |
| Contact Number |  |
| Is it safe to leave message? | Yes | No |
| Email address- |  |
| Is it safe to email? | Yes | No |

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| **Please provide a safe additional contact for emergency purposes ONLY** |
| Name & relationship to client |  |
| Contact Number |  |

**Client equalities monitoring**

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| 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? |  |

**Household Details**

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| Details of all children in the household |
| **Name** | **DOB** | **Gender** | **Ethnicity/Language** | **Disability (if yes, please specify)** | **Relationship to child** |
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**Additional Needs and involvement**

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| --- | --- | --- |
| 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 |  |

**Reason for referral**

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| **Please give details of issues within the family environment, including any significant events that have led to making the referral.** |
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| **How has this impacted the family?** |
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**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 0120 154**.