**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** | |
|  | |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.** |
|  |
| **How has this impacted the family?** |
|  |

**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**.