**ESCAPE THE TRAP REFERRAL FORM**

The Escape the Trap programme is an 8-week programme designed for young people to learn about the dynamics of coercive and controlling behaviours within early intimate relationships. It supports them to learn about teenage relationship abuse and recognise the impact of abusive behaviours on their emotional wellbeing and mental health. The programme enables individuals to navigate their way to make healthier relationship choices.

**The programme is targeted for teenagers aged between 13 – 18 however groups will be run with a maximum capacity of 10 individuals with a two-year age range and will be single gendered groups**

**Eligibility criteria for this service:**

**The young person has support needs around two or more of the following issues:**

* **The young person has been exposed to current or historic domestic abuse between their parents**
* **The young person has experienced intimate partner abuse**
* **The young person struggles forming and maintaining healthy relationships**
* **The young person has experience of coercion and is easily influenced**
* **The young person has limited understanding and knowledge of abusive and controlling behaviours**

|  |  |
| --- | --- |
| **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 |  |
| **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 |  |

**Child and parent/carer contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Child’s First name |  | | | |
| Child’s Last name |  | | | |
| What do they like to be called? |  | | | |
| DOB |  | | | |
| **Current address** |  | | | |
| Does the perpetrator live at this address? | Yes  No  Don’t Know | | | |
| **Parent /Carer Contact Info** *Details Safe to contact?* | | | | |
| Name |  | | |  |
| DOB |  | | |  |
| Contact Number |  | | |  |
| Is it safe to leave message |  | | |  |
| 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:** | | | | |
| **Has parental consent been given -** | | Yes | No | |

**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 |  | |

**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**.