



Pennine Domestic Abuse Partnership

PDAP Outreach Referral form

How to complete this referral:

By completing this referral form, you're helping us to make contact with the client as safely and quickly as possible. We'd appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances.

How to submit this referral:

Please submit this referral form by email to outreach@pdap.co.uk

Eligibility criteria for this service:

Please be sure to check that the client meets the following criteria before making the referral:

Anyone over the age of 16 living in Kirklees who is experiencing or affected by domestic abuse.

How to get in touch:

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact PDAP – Outreach Services on **01484 308306/307** or call PDAP's 24 hr Helpline **0800 052 7222**

1. Information about the person making the referral

Date of referral:	
Please indicate which service you'd like to refer to:	
Has the client given permission for the referral to be made?	
Please enter your name and contact details:	
Referrer's name	
Organisation name	
Role/ job title	
Contact number	
Contact email	

2. Client contact info

Contact information		
First name		
Last name		
Other names		
What do they like to be called?		
DOB		
NI Number (if known)		
Addresses		
Current address		
Current Local Authority		
Local Authority of origin (if different)		
Does the perpetrator live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Safe contact notes:		
Contact info		
	<i>Details</i>	<i>Safe to contact?</i>
Phone		<input type="checkbox"/>
Email		<input type="checkbox"/>

Safe contact notes			
Next of kin – who can we contact in an emergency?			
Name		Relationship	
Contact information			
Safe contact notes			
Accessibility requirements			
Does this client have any accessibility requirements (for example, hearing loop, braille documents)	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>	
Does this client require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	<i>If yes, please provide details:</i>	

3. Client equalities monitoring

How would this client describe their gender?	Female <input type="checkbox"/> Male <input type="checkbox"/> In another way: _____
Is their current gender different to the sex they were assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do they consider themselves to have any kind of disability? (please tick any that apply)	Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Deaf/ hearing impaired <input type="checkbox"/> Blind/ visually impaired <input type="checkbox"/> Something else: _____ Don't Know <input type="checkbox"/>
How would they describe their ethnicity?	

<p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>White Gypsy or Irish Traveler <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p>Asian British <input type="checkbox"/></p> <p>Asian Indian <input type="checkbox"/></p> <p>Asian Pakistani <input type="checkbox"/></p> <p>Asian Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Arab <input type="checkbox"/></p>	<p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed/ multiple background <input type="checkbox"/></p> <p>Black British <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Black Caribbean <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>Other (please specify): _____</p> <p>Don't Know <input type="checkbox"/></p>
<p>Do they have a faith/ religion?</p>	
<p>No religion <input type="checkbox"/></p> <p>Bahai <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Christian <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Jain <input type="checkbox"/></p>	<p>Muslim <input type="checkbox"/></p> <p>Shinto <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>Zoroastrian <input type="checkbox"/></p> <p>Other: _____</p> <p>Don't Know <input type="checkbox"/></p>
<p>What is their relationship status? (tick one option)</p>	<p>Civil partnership <input type="checkbox"/></p> <p>Married <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p> <p>Cohabiting but not married/ CP <input type="checkbox"/></p> <p>In a relationship (not cohabiting) <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p> <p>Single <input type="checkbox"/></p>
<p>What is their sexual orientation? (tick one option)</p>	<p>Heterosexual/ straight <input type="checkbox"/></p> <p>Gay woman/ Lesbian <input type="checkbox"/></p> <p>Gay man <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Something else: _____</p> <p>Don't Know <input type="checkbox"/></p>
<p>Are they pregnant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>

4. Client support needs vulnerabilities

Please tell us more about any support needs the client may have:	
Mental Health <input type="checkbox"/>	Substance misuse <input type="checkbox"/>
Physical Health <input type="checkbox"/>	Offending <input type="checkbox"/>
Additional details:	
Has a MARAC referral been made or has this case been heard at MARAC?	
Please provide details	
Is the client getting support from anyone?	
Please provide names, roles and contact details.	
What is this client's nationality?	
<i>(If not British National)</i> What is their immigration status?	
<i>(If not a British National)</i> Do they have access to Public Funds?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

5. Children

If the person being referred has children, please provide their names and DOBs below:	
Name	DOB
Are social services involved in this case? <i>(Please give details)</i>	
Name of social worker <i>(if relevant)</i>	

6. Alleged perpetrator/s

Information about the alleged perpetrator, if known:	
Name	
Relationship to client	
Address	
DOB	
<i>If there is more than one alleged perpetrator, please provide additional details in the box below:</i>	

7. Reason for referral

Why are you making this referral – how could this client benefit from our support?

Are there any known risks to working with this client including risk from alleged perpetrator/s?

Thanks for taking the time to complete this referral.

To submit your completed document, please email to outreach@pdap.co.uk

Before you send the referral, please check that your referral meets the criteria set out on the first page of this documents, and that any relevant additional materials are attached.

If you have any queries, please contact PDAP Outreach services on **01484 308306/307** or contact PDAP 24hr Helpline on **0800 052 7222**

OFFICE USE ONLY	
Referral outcome	
Referral accepted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allocated to:	
Please complete if the referral was rejected	
Reason for rejection	Unable to contact client <input type="checkbox"/> Client does not want support <input type="checkbox"/> No space/ capacity to support <input type="checkbox"/> Ineligible for support (age) <input type="checkbox"/> Ineligible for support (borough) <input type="checkbox"/> Ineligible for support (service description) <input type="checkbox"/> Identified as unsafe to work with <input type="checkbox"/> Identified as perpetrator <input type="checkbox"/> Unable to meet support needs around language <input type="checkbox"/> Unable to meet support needs around large family <input type="checkbox"/> Unable to meet support needs around mental health <input type="checkbox"/> Unable to meet support needs around disability <input type="checkbox"/> Unable to meet support needs around NRPF <input type="checkbox"/> Unable to meet support needs around drug and alcohol <input type="checkbox"/> Previous convictions for violent/sexual offences/ arson <input type="checkbox"/> Other <input type="checkbox"/>
Referred/ signposted on to:	Another refuge <input type="checkbox"/> Another specialist VAWG service <input type="checkbox"/> NDVH <input type="checkbox"/> Non-VAWG organisation/ service <input type="checkbox"/> Other <input type="checkbox"/>