

Completed forms can be returned via email to diane.stephenson@pdap.co.uk

All referrals must be sent password protected

Referred By:				Date Referred	
Role:					
Referral contact:		Email: Telephone:			
Children Services involvement?		Y/N	Level of involvement:		
			Social worker details:		
Has the young person & parent consented to this referral?					
I understand that information about me will be held confidentially unless I give my permission for it to be shared with others.					
Name of Child/Young Person			DOB		
Sexuality			GENDER		
Current address			Postcode		
Parent's details			Contact name & number (Young Person's number can be provided):		
Young Persons school/college			Safe to contact? (call, text, leave a message)		
Does the young person have contact with the perpetrator?		(please specify in what capacity the contact occurs i.e. living in the same home, supervised contact, no contact, in a relationship with)			
Perpetrators relationship to young person:					
Ethnicity					
Language					

Issues regarding homelessness		BAME needs e.g. language/ dishonour based abuse/FGM		Learning disability		Substance misuse - alcohol	
Living with the perpetrator		Children: contact /CSS involvement		Physical ill-health		Substance misuse - drugs	
Risk from perpetrator/ other people		Pregnant		Mental health needs		Self-harm / attempted suicide	
LGBT needs		Child offence/ conviction		History of violence / arson		Gang involvement	
Housing/ Resettlement needs?							
Anything else?							
Other agencies involved:							
Name & agency				Contact			
Reasons for referral:							
Has the young person been exposed to DA? (witnessed, overheard, present in the house when DA has occurred)				YES		NO	
Is the young person in their own abusive relationship?				YES		NO	
Has the young person had any involvement with criminal justice system? (If yes please provide details in the box below)				YES		NO	
Please provide details of History of DA and Involvement with the family:							
(please provide as much information about the child's experience of domestic abuse as possible: Stalking and harassment, severity of domestic abuse incidents, recent incidents, child's exposure to DA)							
How has the young person been affected by the DA they have been exposed to? (please detail any substance misuse, mental health or self-harm)							



Unit 17F, Brookes Mill
Armitage Bridge
Huddersfield
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Please specify what support you would like for the young person you are referring