



Pennine Domestic Abuse Partnership

Group Work Referral Form

How to complete this referral:

By completing this referral form, you are helping us to make contact with the client as safely and quickly as possible. If you would 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

How to get in touch:

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact:

Julie – Group Work Co Ordinator on 07710700912 or **Chris** Group Work Facilitator on 07719054946

Outreach Offices: 01484 308307

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| Date of referral: | |
| Please indicate which service you'd like to refer to: | |
| | |
| Has the client given consent for the referral to be made? | |
| | |
| Please enter your name and contact details: | |
| Referrer's Name: | |
| Role/Job Title: | |
| Contact number/email: | |

Client Contact Details:

| | | |
|---|----------------|-------------------------------------|
| Full Name: | | |
| What do they like to be called? | | |
| Oasis/CDP Case Number: | | |
| Does perp. Live at client address? | | |
| Contact Information: | | |
| | Details | Safe to Contact? |
| Phone: | | <input checked="" type="checkbox"/> |
| Email: | | <input checked="" type="checkbox"/> |
| Safe Contact Notes: | | |
| | | |

Client Support Needs/Vulnerabilities:

| | | | |
|---|--------------------------|------------------------------|--------------------------|
| Please tell us more about the 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"/> |
| Please clarify below: | | Please clarify below: | |
| Additional Details: | | | |
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Reason for Referral:

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| Why are you making this referral – how could this client benefit from accessing the programme? |
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| Are there any known risks to working with this client – including risk from alleged perpetrator/s? |
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Thank you for taking the time to complete this referral.

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

If you have any queries, please contact Julie or Chris on 01484 308307 or use the email address above.

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|--|--|---------------------------------|-------------------------------------|------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|-------|-------------------------------------|
| Office Use Only | | | | | | | | | | | | | | | | | | | | | |
| Referral Outcome: | | | | | | | | | | | | | | | | | | | | | |
| Referral Accepted? | <table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 60%;">Yes</td> <td style="width: 40%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | Yes | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | |
| Yes | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| No | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Allocated to: | | | | | | | | | | | | | | | | | | | | | |
| Please complete if the referral was rejected | | | | | | | | | | | | | | | | | | | | | |
| Reason for Rejection: | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Unable to contact client</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Client does not want support</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>No space/capacity to support</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ineligible for support (why)?</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Identified as not safe to work with</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Unable to meet support needs around language</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Unable to meet support needs around disability</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Unable to meet support needs around drug/alcohol</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Previous convictions for violent/sexual offences/arson</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | Unable to contact client | <input checked="" type="checkbox"/> | Client does not want support | <input checked="" type="checkbox"/> | No space/capacity to support | <input checked="" type="checkbox"/> | Ineligible for support (why)? | <input checked="" type="checkbox"/> | Identified as not safe to work with | <input checked="" type="checkbox"/> | Unable to meet support needs around language | <input checked="" type="checkbox"/> | Unable to meet support needs around disability | <input checked="" type="checkbox"/> | Unable to meet support needs around drug/alcohol | <input checked="" type="checkbox"/> | Previous convictions for violent/sexual offences/arson | <input checked="" type="checkbox"/> | Other | <input checked="" type="checkbox"/> |
| Unable to contact client | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Client does not want support | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
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| Other | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Referred/signposted to: | <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Another Specialist VAWG Service</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>NCDV</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Non – VAWG Organisation/ service</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | Another Specialist VAWG Service | <input checked="" type="checkbox"/> | NCDV | <input checked="" type="checkbox"/> | Non – VAWG Organisation/ service | <input checked="" type="checkbox"/> | Other | <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| Another Specialist VAWG Service | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
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