Client Referral Form
Please complete all information in red to avoid delay or the referral being returned to referrer.

Referrer/Worker name:	
Date:	
Type of Referral	
Survivor Support	**Yes/No**
Perpetrator Support	**Yes/No**
Personal information – Survivor	
First name	
Last name	
Other names / Aliases	
What do you like to be called?	
Date of Birth	
Agency	
Phone Number	
Email	
Address - Survivor	
Current address	
Current Borough / Local Authority (LA)	☐ Liverpool ☐ St Helens ☐ Wirral ☐ Sefton ☐ Knowsley
Borough/LA you fled from (if different)	
Accommodation type:	

LA General Needs ☐	Sheltered Housing ☐	Living with family/friends ☐
RSL General Needs ☐	Residential Care Home ☐	Home Office Asylum support ☐
Private Sector ☐	Hospital ☐	Mobile home/caravan ☐
Owner Occupier ☐	Prison ☐	Rough Sleeper ☐
Supported Housing ☐	Approved Probation Hostel ☐	Other ☐
Women's refuge ☐		Don't know ☐
Foyer ☐		

	Children's Home/foster care ☐ Bed and Breakfast ☐	

Length of time at this address	Years: Months:
Does the perpetrator live at this address?	Yes ☐ No ☐ Further information: NO
Is it safe to contact you at this address?	Yes ☐ No ☐ YES
If it is safe to contact you at this address, are there any restrictions (e.g. only before a certain date)?	

Contact information – Survivor		
	Details	Safe to contact?
Phone number		☐ Text and calls both safe ☐ Only phone calls safe
Email address		☐ Safe to use email
Preferred contact method	☐ Any ☐ Phone ☐ Text ☐ Email ☐ Post	
Are there any restrictions for contacting you via phone/email (e.g. only call before 5pm)		

Support needs - Survivor		***Notes***

Do you consider yourself to have any of the following? (*Please tick any that apply)*	Physical Disability ☐ Mental Health ☐ Hearing ☐ Vision☐ Interpreter ☐ Something else ☐	
Are you pregnant?	Yes ☐ No ☐ Don't know ☐ Prefer not to say ☐	
Immigration support needs - Survivor		
What is your nationality?		
[If you're not a British National] What is your immigration status?		
Do you know if you are able to access benefits and services in the UK? (Recourse to Public Funds)	Yes ☐ No ☐ Don't know ☐	*Notes:*

Do you need an interpreter for our work together?	Yes, for everything ☐ Yes, for some things ☐ No ☐	*(Please specify language, etc.)*

How would you describe your gender?	Female ☐ Male ☐ In another way:_____ ☐ Don't Know ☐
Is your current gender identity different to the sex you were assigned at birth	Yes ☐ No ☐ Don't know ☐
Ethnicity and/religion - Survivor	
How would you describe your ethnicity?	

White: British ☐ Eastern European ☐ Gypsy or Irish Traveller ☐ Irish ☐ Scottish ☐	**Black / African / Caribbean / Black British:** African ☐ Caribbean ☐ Any other Black / African / Caribbean background: _____ ☐

Any other white background ☐ **Asian / Asian British:** Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Any other Asian background: _____ ☐	**Mixed / multiple ethic background:** White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/ multiple background: _____ ☐ **Other ethnic group:** Arab ☐ Any other ethnic group: _____ ☐ Don't Know ☐
Do you have a faith / religion?	
No religion ☐ Bahai ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jain ☐ Jewish ☐	Muslim ☐ Shinto ☐ Sikh ☐ Zoroastrian ☐ Any other religion: _____ ☐ Don't Know ☐
Abuse	
The survivor is seeking support around: Current Abuse ☐ Historic Abuse ☐	Current Associated Perpetrator(s) info: Historic Associated Perpetrator(s) info:

Current Abuse and historic		
How long is the current experience of abuse?	_____ (years) _____ (months)	
Type of Abuse Experienced – Tick all that apply		
☐ Domestic Abuse	☐ CSA	☐ FGM
☐ Forced Marriage	☐ Gang Related Violence	☐ Harassment/ Stalking
☐ HBV	☐ Rape	☐ Sexual Exploitation
☐ Sexual Offences (excluding rape)	☐ Trafficking	☐ Prostitution
Types of Abusive Behaviour Experienced – Tick all that apply		

☐ Emotional / Psychological ☐ Sexual	☐ Financial ☐ Jealous / Controlling Behaviour	☐ Physical ☐ Surveillance / Harassment / Stalking

Has the Survivor Ever Experienced – Tick all that apply	
☐ Threats to kill ☐ Attempted strangulation / suffocation ☐ Harm to / loss of unborn child ☐ Feeling depressed / having suicidal thoughts	☐ Physical injury requiring treatment by GP ☐ Physical injury requiring treatment at A&E or Hospital ☐ Surveillance / harassment online or through social media ☐ Self-harmed as a way of coping
Number of previous abusive relationships (zero if none)	_____

Has survivor directly experienced / witnessed DA as a child?

☐ Yes

☐ No

☐ Don't Know

☐ Not Asked

☐ Declined

Survivor's Brief Outline - About the abuse – what has been happening, how can we support you?

Personal information – Perpetrator	
First name	
Last name	
Other names / Aliases	
What do you like to be called?	
Date of Birth	
Agency	
Phone Number	
Email	
Address - Perpetrator	
Current address	
Current Borough / Local Authority (LA)	☐ Liverpool ☐ St Helens ☐ Wirral ☐ Sefton ☐ Knowsley
Borough/LA you fled from (if different)	

Accommodation type:

LA General Needs ☐	Sheltered Housing ☐	Living with family/friends ☐
RSL General Needs ☐	Residential Care Home ☐	Home Office Asylum support ☐
Private Sector ☐	Hospital ☐	Mobile home/caravan ☐
Owner Occupier ☐	Prison ☐	Rough Sleeper ☐
Supported Housing ☐	Approved Probation Hostel ☐	Other ☐
Women's refuge ☐	Children's Home/foster care ☐	Don't know ☐
Foyer ☐	Bed and Breakfast ☐	

Length of time at this address	Years:	Months:

Contact information – Perpetrator		
	Details	
Phone number		
Email address		
Preferred contact method	☐ Any ☐ Phone ☐ Text ☐ Email	

Are there any restrictions for contacting you via phone/email (e.g. only call after 5pm due to working hours)	

Support needs - Perpetrator		***Notes***
Do you consider yourself to have any of the following? (*Please tick any that apply)*	Physical Disability ☐ Mental Health ☐ Hearing ☐ Vision☐ Interpreter ☐ Something else ☐	

Immigration support needs - Perpetrator		
What is your nationality?		
[If you're not a British National] What is your immigration status?		
Do you know if you are able to access benefits and services in the UK? (Recourse to Public Funds)	Yes ☐ No ☐ Don't know ☐	*Notes:*

Do you need an interpreter for our work together?	Yes, for everything ☐ Yes, for some things ☐ No ☐	*(Please specify language, etc.)*

How would you describe your gender?	Female ☐ Male ☐ In another way:_____ ☐ Don't Know ☐
Is your current gender identity different to the sex you were assigned at birth	Yes ☐ No ☐ Don't know ☐
Ethnicity and/religion - Perpetrator	

How would you describe your ethnicity?

White:

British ☐

Eastern European ☐

Gypsy or Irish Traveller ☐

Irish ☐

Scottish ☐

Any other white background ☐

Asian / Asian British:

Bangladeshi ☐

Chinese ☐

Indian ☐

Pakistani ☐

Any other Asian background: _____ ☐

Black / African / Caribbean / Black British:

African ☐

Caribbean ☐

Any other Black / African / Caribbean background: _____ ☐

Mixed / multiple ethic background:

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other mixed/ multiple background: _____ ☐

Other ethnic group:

Arab ☐

Any other ethnic group: _____ ☐

Don't Know ☐

Do you have a faith / religion?

No religion ☐

Bahai ☐

Buddhist ☐

Christian ☐

Hindu ☐

Jain ☐

Jewish ☐

Muslim ☐

Shinto ☐

Sikh ☐

Zoroastrian ☐

Any other religion: _____ ☐

Don't Know ☐

Perpetrator's Brief Outline - About the abuse – what has been happening, how can we support you?

Children					
Specialist Children's Assessment required? ☐					
	Child 1	Child 2	Child 3	Child 4	Additional children
Name					
Date of Birth					
Gender					
Who is the child resident with?					
What is the alleged perpetrator's relationship to this child?					
Other than you, who else has parental responsibility?					
What kind of contact does this child have with the alleged perpetrator?					
Are social services involved? *(Please specify)*	Yes ☐ No ☐		Notes:		
Nursery / school / college info					
Name of child:	*Details:*				

Are you in contact with any other professionals? ***Consider: GPs, Health Visitors, CPN, Social Workers, Other specialist support agencies etc.***	
Name:	
Role:	
Organisation:	
Contact phone:	
Contact email:	
Notes:	
Name:	
Role:	
Organisation:	
Contact phone:	
Contact email:	
Notes:	
Name:	
Role:	
Organisation:	
Contact phone:	
Contact email:	
Notes:	
Name:	
Role:	
Organisation:	
Contact phone:	
Contact email:	
Notes:	

Justice				
Are there any injunctions currently in place?				Yes ☐ No ☐ Don't know ☐
Order type:	Date applied:	Date granted:	Expiry date:	Conditions:

Digital Signatures are acceptable.

Referrer's Signature …… Date……