DV REFERRAL INTAKE FORM FOR IDVA SUPPORT

Please complete and send as an attachment to: zoe.snelgrove@victimsupport.cjsm.net

If you need any further information please call: Zoe Snelgrove Tel: 07471030152 Hub: 02085476046

REFERRER'S DETAILS			
Referral Agency:			
Referrer's Name:			
Telephone number:			
Email:			
Date when Client became known to you :		**Date of referral to VS**	
Have you approached the subject of DV with the victim		**Has the client given consent for this referral?**	

Please note it is Victims Support standard policy that consent is obtained from clients, in order for us to be able to provide a support service. If you have not been able to obtain consent, the IDVA will contact you prior to contacting the client. The IDVA will contact you within 24hrs of receipt of the referral.

CLIENT'S DETAILS

Name:	**Date of Birth:**	**Gender:** Female ☐ Male ☐ Transgender ☐
Current Address:		**Safe contact number:** **Safe time(s) to contact:**
Postcode:		**Ok to leave message:** Yes ☐ No ☐
Housing tenure:		**Living with the perpetrator?** Yes ☐ No ☐
Sexual orientation:	**Ethnicity:**	**Religion:**
Does the client consider themselves to have a disability Yes ☐ No ☐ If yes, please specify access or needs:	**Language support needed** Yes ☐ No ☐ If yes, please specify:	**No recourse to public funds case** Yes ☐ No ☐

PERPETRATOR

Relationship with perpetrator:	☐ Husband/Wife/Civil Partnership ☐ Ex-husband/wife/Civil Partnership ☐ Partner ☐ Ex-Partner	☐ Parent/Step Parent/Guardian ☐ Son/daughter ☐ Brother/sister	☐ Acquaintance ☐ Friend ☐ Other *Please specify:*	**Perpetrator's Gender:** Female ☐ Male ☐ Transgender ☐
Perpetrator's Address: (whereabouts if known)			**Perpetrator date of birth:**	

CHILDREN

Children Living in the Home Yes ☐ No ☐	**How many children (aged 17 or under) live with the client?**	**Children's Social Care informed?** Yes ☐ No ☐	**Merlin Created?** Yes ☐ No ☐ Number:
Name(s) of any children:		**Dates of birth**	

MOST RECENT INCIDENT DETAILS		
Incident Date: **Incident Details:** **Crime Reference Number:**		
Is this client a repeat victim	**YES** (Please provide details of any previous incidents)	**NO**

POLICE ACTION	
Reason for Referral	
Safety measures in place (e.g. status of perpetrator, arrested, previously known to police /bailed conditions/DV protection order or notice in place /safeguarding referrals)	

Any further information you would like to provide which will help us to keep this client safe and supported.
Comments: