**T: 01225 420249**
**T: 07523 506239**
**EMAIL REFERRALS TO:**
**info@voicescharity.org**

## ABOUT YOU

First name:

Last name:

Date of birth:

Ethnicity:

Preferred language:

GP's name and surgery:

Do you consider yourself to have a long term disability, health issues (including mental health) or learning difficulties?

☐ Yes ☐ No

If ticked 'Yes' then please provide details:

## CONTACT DETAILS

Address:

| |
|---|
| |
| |
| |

Postcode:

Best telephone number to contact you:

| | |
|---|---|
| | |
| Is this number safe to contact you at all times? | ☐ Yes ☐ No |
| Can we leave a voicemail or text this number? | ☐ Yes ☐ No |

Email address:

## EMPLOYMENT STATUS

Please tick **one** of the below:

☐ Employed under 16 hours ☐ Employed over 16 hours
☐ Self employed under 16 hours ☐ Self employed over 16 hours
☐ Unemployed ☐ Economically inactive*

*Economically inactive means: of working age but not employed, not self-employed, not actively seeking work and not in full time education.

Length of unemployment / economic inactivity (if selected above):

Years Months

## BRIEF HISTORY OF DOMESTIC ABUSE

Types of Abuse Experienced:

☐ Physical ☐ Emotional ☐ Financial
☐ Sexual ☐ Psychological ☐ Coercive control

Are you still in the relationship?

☐ Yes ☐ No

If 'No' then please specify time out of relationship:

## PERPETRATOR'S DETAILS

First name:

Last name:

Date of birth:

Is the perpetrator living within the BANES area?

☐ Yes ☐ No

If 'Yes' then do you know which area?

Are you still living with the perpetrator?

☐ Yes ☐ No ☐ Sometimes

## SUBSTANCE MISUSE

Do you identify as having any substance use issues?

☐ Yes ☐ No

If 'Yes' then please give further details:

☐ Drugs ☐ Alcohol ☐ Other

Are you receiving any help or support with these issues?

☐ Yes ☐ No ☐ No, but would like some

## CHILDREN'S DETAILS

| Child's name | Child's DOB | Name of person child living with | Their relationship to the child | On 'At Risk' / 'Child in Need' |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

## WHAT PROGRAMME(S) ARE YOU INTERESTED IN:

☐ Freedom ☐ MATES ☐ Recovery Toolkit

Do you require childcare for your child/ren to access the programme(s)?
(There is a crèche option for Freedom Programme and Recovery Toolkit.)

☐ Yes ☐ No

Please state the following:

| Child's name | Child's age | Does the child have any additional needs? (please specify) |
|---|---|---|
| | | |
| | | |

## LEGAL PROTECTION / PROCEEDINGS IN PLACE?

Are there any court orders currently in place relating to any family members?
(adult or children)

☐ Yes ☐ No

If 'Yes' then please give details:

## EXTERNAL AGENCY INVOLVEMENT

Have the police been involved?

☐ Yes ☐ No

If 'Yes' then when was the last time? (month/year)

Are you or your family under MARAC (Multi-agency Risk Assessment Conference)?

☐ Yes ☐ No

Are you currently receiving support from any other agencies?

☐ Yes ☐ No

If 'Yes' then tick all that apply:

☐ Victim Support ☐ Southside IDVA Service ☐ Southside Family Service
☐ Next Link ☐ DHI ☐ Social Services ☐ CAFCASS
☐ Connecting Families ☐ Bath Area Play Project (BAPP)
☐ Trauma Recovery Centre (TRC) ☐ Off The Record ☐ Private Counselling
☐ BANES Talking Therapies ☐ New Way ☐ GP ☐ Probation

☐ CPS ☐ Midwife / Health visitor ☐ School Nurse ☐ Mental HealthTeam

Please detail any not listed:

## REFERRAL

Is this a self-referral?

☐ Yes ☐ No

If 'No' then please provide name of referring agency/person:

| Agency | Professional's name | Telephone number | Email |
|---|---|---|---|
| | | | |

## CONSENT

Data Protection requirements demand that the client's permission be given before passing personal information to another agency. If the client cannot sign the form in person to confirm this, you may sign on their behalf. Signing the form on behalf of the client confirms that their permission has been given.

I (client name) have checked the information on this form and agree that it is accurate. I consent to this information being shared with the agencies noted above, and recorded in a database.

Client Signature: _____ Date: _____

Referrers Signature: _____ Date: _____

## ANY ADDITIONAL NOTES OF INFORMATION (OPTIONAL)

NOTES:

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