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

Referral Form

ABOUT YOU

First name:

Last name:

Date of birth:

GP's name and surgery:

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 Full time ☐Employed Part Time
☐Self-employed ☐Looking for employment ☐Student (Full Time)
☐Not currently in work due to health/ other reasons

Benefits (Tick as many as apply):

☐Universal credit ☐Job Seekers Allowance (JSA)
☐Employment Support Allowance (ESA) ☐Disability Living Allowance (DLA)
☐Child Tax Credits ☐Working Tax Credits
☐PIP ☐Pension Credits
☐Housing Benefit and/or Council Tax Benefit

BRIEF HISTORY OF DOMESTIC ABUSE

Types of Abuse Experienced:

☐Physical ☐Emotional ☐Financial ☐Stalking and harassment
☐Sexual ☐Psychological ☐Coercive control ☐Honour-based violence

Are you still in the relationship?

☐Yes ☐No

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

PERPETRATOR'S DETAILS

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

Are you still in contact 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	Child Protection Plan or other
				☐ 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)? (Please note: There is a crèche option for Freedom Programme. Voices will try to support with childcare for the Recovery Toolkit in some way.)

☐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)

Have you and/or your family been heard in 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 / NYAS
☐Connecting Families ☐Bath Area Play Project (BAPP) ☐Citizen's Advice Bureau
☐Trauma Recovery Centre (TRC) ☐Off The Record ☐Private Counselling
☐BANES Talking Therapies ☐New Way ☐GP ☐Probation
☐CPS ☐Midwife / Health visitor ☐School Nurse ☐Mental Health Team

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

CLIENT CONSENT

I ………………………………….. have checked that the information on this form is accurate and consent to Voices holding these details. I understand my information will be kept securely and confidentially and stored on Voices database in accordance with the Data Protection Act.
Voices will not pass information on to any other parties without consent except in the case of a serious safeguarding concern.

I consent to Voices sharing information relevant to my support with the referring agency :

Yes/ No/ NA

I consent to Voices sharing information with the other agencies supporting me (and listed above)

Yes/ No/ NA

Client Signature:

Date:

ANY ADDITIONAL NOTES OF INFORMATION (OPTIONAL)
NOTES:

Where did you hear about us?

VOICES – PO BOX 5184, Bath, BA1 0RZ.
Registered Charity 1159445.
T: 01225 420249 / 07523 506239
E: info@voicescharity.org W: www.voicescharity.org
T: voices_charity F: facebook.com/voicescharity

Equalities Monitoring Form

Collecting, analysing and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed.

We will be grateful if you could complete and return this form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.

1. **Age** *Please tick one box*

☐18-24	☐25-40	☐41-60	☐60 and over

2. **Sex** *Please tick the box that best describes you*

☐Female	☐Male	☐Intersex
☐Gender neutral	☐Non-Binary	☐Other (please specify)
☐Don't know	☐Prefer not to say	

3. Gender reassignment *Does your gender differ from your birth sex?*

☐Yes	☐No	☐Don't know	☐Prefer not to say

4. Ethnicity *Please tick the box that best describes your ethnic group*

White	**Black or Black British**
☐British ☐Irish ☐Gypsy/Roma or Irish Traveller ☐Eastern European ☐White Other (please specify)	African ☐Caribbean ☐Other (please specify): **Mixed / Multiple Ethnic Background** ☐White and Black African ☐White and Black Caribbean ☐White and Asian ☐Other (please specify):
Asian or Asian British ☐Indian ☐Pakistani ☐Bangladeshi ☐Chinese ☐Asian Other (please specify)	☐Any other ethnic background (please specify): ☐Don't know ☐Prefer not to say

5. **Religion** *Please tick as appropriate*		
☐Christian ☐Muslim ☐Jewish ☐Buddhist	☐Hindu ☐Sikh ☐Rastafarian ☐No Religion	☐Other (please specify): ☐Prefer not to say

6. **Sexual orientation** *Please tick the box that best describes your sexual orientation*			
☐Heterosexual	☐Bisexual	☐Gay	☐Lesbian
☐Queer	☐Pansexual	☐Asexual	☐Don't know
☐Prefer not to say	☐Other (please specify):		

7. **Marriage and Civil Partnership** *Please tick the box that best describes you*			
☐Single ☐Separated	☐Married ☐Divorced	☐Co-habiting ☐Widowed ☐Don't know	☐In a civil partnership ☐Prefer not to say

8. **Language** *Please tick the box that best describes your language*			
☐English ☐Hindu ☐Spanish	☐Arabic ☐Polish ☐Turkish	☐French ☐Portuguese ☐Don't know	☐Manderin ☐Somali ☐Prefer not to say
Other (please specify):			

9. **Disability** *Please tick the box/boxes that best describes your disability*		
☐Physical	☐Learning	☐Hearing
☐Vision	☐Mental Health	☐Long-term Condition

☐ Speech impairment	☐ Prefer not to say	