

REFERRAL FORM OUTREACH SERVICES

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This form should be completed in conjunction with Harbour’s Referral Guidelines.

1. The REFERRER

Time & Date		Agency	
Tel Number		Job Title of Referrer	
Name of Referrer		Email Address of Referrer	
Is the person aware you are making a referral?	<input type="checkbox"/> Y <input type="checkbox"/> N	How did you find out about Harbour?	<input type="checkbox"/> Saw Literature <input type="checkbox"/> Recommendation <input type="checkbox"/> Other, Details:
Service Area	<input type="checkbox"/> North Tyneside <input type="checkbox"/> Durham <input type="checkbox"/> Hartlepool <input type="checkbox"/> Darlington <input type="checkbox"/> Middlesbrough		

2. BACKGROUND

Is the person experiencing domestic violence?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the person meet Harbour’s eligibility criteria?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the person on MARAC? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	Details :	
Is this a referral for the IDVA? If yes, give details	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	Details :	

3. PERSONAL DETAILS OF THE PERSON REQUIRING THE SERVICE

Name	Date of Birth	<input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> Trans
Other Known Names	Tel. Number	
Email Address		
Ethnic Origin (please tick)	<input type="checkbox"/> White-White British	<input type="checkbox"/> Black or Black British-Caribbean
	<input type="checkbox"/> White-White Irish	<input type="checkbox"/> Black or Black British-African
	<input type="checkbox"/> White-White Other	<input type="checkbox"/> Black or Black British- Other
Religion	Disability? If yes, give details	<input type="checkbox"/> Y <input type="checkbox"/> N Details :
Sexuality	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian/Gay <input type="checkbox"/> Bi Sexual <input type="checkbox"/> Other <input type="checkbox"/> Undisclosed	
Address	Postcode	
Is the current address: (Please tick)	<input type="checkbox"/> Registered Social Landlord, please state :	<input type="checkbox"/> Private Landlord <input type="checkbox"/> Owner / Occupier <input type="checkbox"/> Friends/ Family <input type="checkbox"/> Other, please specify

Is the address, email address and telephone number above safe to use? If no, please give alternative contact details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
Emergency Contact Information (inc address, postcode and telephone numbers)		
Is an interpreter needed? If yes, please give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :

4. PERPETRATOR DETAILS

Name of Perpetrator, include any other known names		Date of Birth	
Is the perpetrator living at the above property? If no, what is their address?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Details :	
What is the client's contact with the perpetrator?			
Current risks from the Perpetrator			
Is the perpetrator attending a perpetrator programme? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :	

5. CHILDREN'S DETAILS OR ANY OTHER PEOPLE LIVING IN THE HOUSEHOLD

Name (inc surname)	Same Address?	Sex	Date of Birth	Relationship to Client	Special Needs?	Ethnicity
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> M <input type="checkbox"/> F				

Please continue on a separate sheet if necessary. If children live at a different address, please state where they live.

Is the child(ren) in contact with perpetrator? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
Are there Child Protection or Child in Need issues? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
Is there involvement with Harbour Children and Young People's Service? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :

6. PREVIOUS INVOLVEMENT WITH HARBOUR

Does the person have any previous involvement with Harbour? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
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7. KEY AGENCIES WORKING WITH THE FAMILY

	Name	Address	Telephone Number
GP			
Police			
Social Services			
Probation			
Addictive Behaviours			
Mental Health			
Other			
Other			

8. OTHER INFORMATION

Does the person have any unspent criminal convictions? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
Is there a history of self harm? If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
Are there any other secondary issues? (e.g. mental health, dependencies, disabilities, special needs) If yes, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :

Reason for Referral and other relevant background (including any cultural/faith/language needs)

9. CONFIRMATION

I CONFIRM THAT THE REFERRAL GUIDELINES HAVE BEEN READ AND UNDERSTOOD AND THAT THE DETAILS GIVEN ARE ACCURATE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSIONS MAY RESULT IN ANY OFFERS OF SERVICE WITHDRAWN.

Signature of referrer		Date	
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10. DECISION ON REFERRAL

This section is completed by Harbour staff.

Referral taken by				
Time/date of decision		Date Entered on Database		By Who?

Is the referral accepted? If no, give details.	<input type="checkbox"/> Y <input type="checkbox"/> N	Details :
How and when was feedback given?		

Date of First Contact	
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Signature of Worker	
Date	

Notes: