**Angelou Referral Form**

Angelou is a partnership of agencies working together across Hammersmith and Fulham, Westminster and Kensington and Chelsea providing support to female survivors of violence.

The agencies that form Angelou are ADVANCE, Solace Women’s Aid, Women and Girls Network, IKWRO, Galop, Women’s Trust, Standing Together and Al Hasaniya. Jointly these agencies provide support across the different strands of Violence against women including Domestic Abuse, Rape and Sexual abuse, Sexual Exploitation, Childhood Sexual Exploitation, Honour Based Violence, Forced Marriage, and Female Genital Mutilation.

If you wish to refer to Angelou, please complete this form and send it to;

angelou@advancecharity.org.uk or secure.admin@advance.cjsm.net or call us on **0800 059 0108** Mon-Fri 10am -6pm, and Thursdays 8am-9pm, or **0808 801 0660** Mon-Fri 10 am- 4pm, Wed 6pm – 9 pm.

All Angelou partners will attempt contact with all new referrals with 24 working hours of receipt and will update you if and when contact is successful. If this form is not fully completed it may be returned to you before contact can be attempted.

**DATA PROTECTION STATEMENT**

**Please ensure that the victim/survivor is aware that the information gathered and included in the referral form is confidential and will be kept on file. This information will be shared with others within the Angelou Partnership according to the needs of the victim/survivor. The information will only be disclosed to third parties without the victim/survivor’s consent if there is a significant risk of harm to a child or adult.**

**CONSENT**

Has the victim/survivor consented to this referral [ ]

*(Please check this box to confirm that consent has been obtained and note that the referral will only be accepted if consent has been obtained)*

|  |
| --- |
| **REFERRER’S DETAILS** |
| Name |  |
| Agency |  |
| Borough  |  |
| Phone number  |  |
| E-mail address  |  |

**Please ensure that, where possible, all relevant victim/survivor details are provided. This allows Angelou partner agencies to respond and offer support most effectively.**

|  |
| --- |
| **VICTIM/SURVIVOR’S DETAILS** |
| Name |  |
| Date of birth |  |
| Ethnicity  |  |
| Primary Language |  |
| Gender/Pro-nouns |  |
| Sexuality |  |
| Address |  |
| Telephone number  |  |
| Please specify if it is safe to leave a message *i.e does her partner check her voicemails or have access to her devices- do they work during the day, do they live together or are they separated* | Yes [ ]  No [ ]  Unknown [ ]  |
| Email address |  |
| Please specify if it is safe to send an email.*(i.e does the perpetrator have access to her devices, is there any suspicion of hacking)* | Yes [ ]  No [ ]  Unknown [ ]  |
| Specific needs of victim/survivor *(e.g. does the victim/survivor need an interpreter, are there specific times of day that are safest for the victim/survivor to be contacted, does the victim/survivor have a preferred communication method, does the victim/survivor have supports needs around drug or alcohol misuse, mental health, or disability?)* |  |

|  |
| --- |
| **IMMIGRATION STATUS** |
| Nationality |  |
| Country of Origin |  |
| **If not UK Resident:** |
| Nationality |  |
| Country of Origin |  |
| Immigration Status *(do they have Settled status, any Visas, other)* |  |
| Recourse to public funds in UK? | Yes [ ]  No [ ]  Unknown [ ]  |
| Does the victim/survivor want support with any immigration needs? Please specify | Yes [ ]  No [ ]  Unknown [ ]  |

|  |
| --- |
| **ALLEGED PERPETRATOR’S DETAILS** |
| Name |  |
| Date of birth |  |
| Gender |  |
| Address |  |
| Relationship to victim/survivor  |  |
| Any high-risk indicators? *(i.e, Are they known to police, do they have access to weapons, do they have a professional occupation, are they affiliated to any gangs)* |  |

|  |
| --- |
| **CHILDREN’S DETAILS** **(Please complete for each child)** |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Address |  |  |  |  |
| Relationship To Perpetrator |  |  |  |  |
| Are social services involved? | Yes [ ]  No [ ]  Unknown [ ]  | Yes [ ]  No [ ]  Unknown [ ]  | Yes [ ]  No [ ]  Unknown [ ]  | Yes [ ]  No [ ]  Unknown [ ]  |

|  |
| --- |
| **SPECIFIC CLIENT REFERRAL NEEDS****(please tick all that apply)** |
| Domestic Abuse |[ ]  Harmful Practices |[ ]  Honour Based Violence |[ ]  Female Genital Mutilation |[ ]
| Sexual Abuse/ Rape |[ ]  Sexual Exploitation |[ ]  Forced Marriage |[ ]  Stalking and harassment |[ ]
| Criminal Justice  |[ ]  Civil Justice  |[ ]  Specific needs in relation to identifying as LGBT and experiencing gender-based violence |[ ]  Additional vulnerabilities- *(Please list)* |[ ]
| Are there any urgent needs (i.e Is the victim/survivor homeless, do they have a court date within the next 7 days, is the alleged perpetrator soon to be released from custody). *Please specify.*Yes [ ]  No [ ]  |
| Has the victim/survivor reported this to the police? Yes [ ]  No [ ]  Unknown [ ]  |
| Is the victim/survivor supportive of police prosecution? Yes [ ]  No [ ]  Unknown [ ]  |
| Are there any open police investigations? Yes [ ]  No [ ]  Unknown [ ]  *(if yes please provide crime reference numbers)*  |

|  |
| --- |
| **REASON FOR REFERRAL** |
| *Please provide as much information as possible, including most recent incident, any previous history, any risk assessments completed, professionals involved, has the case been referred to MARAC etc.***Please note: All high-risk cases should be referred to MARAC/SAFEGUARDING by your agency**  |

Any issues or concerns completing this form please contact angelou@advancecharity.org.uk or secure.admin@advance.cjsm.net

|  |
| --- |
| **FOR INTERNAL USE ONLY** |
| Date of receipt of referral |  |
| Agency referral received by  |  |
| Agency/staff member referral allocated to |  |