**BROMLEY SANCTUARY REFERRAL FORM**

*RESTRICTED INFORMATION (when complete)*

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| **1. DETAILS OF SANCTUARY REFERRER (Referrer to complete fields 1 to 8)** | | | |
| 1.1 **Name:** |  | | |
| **Job title:** |  | | |
| **Agency name:** |  | | |
| **Address:** |  | **Postcode:** |  |
| **Contact no 1:** |  | **Contact no 2:** |  |
| **Email:** |  | | |
| In my absence please contact: | | | |
| 1.2 **Name:** |  | **Contact no:** |  |
| **Job title:** |  | **Email:** |  |

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| **2. DOMESTIC ABUSE, STALKING AND HARASSMENT (DASH) RISK ASSESSMENT**  **(complete all fields), or MULTI AGENCY RISK ASSESSMENT (MARAC)** | | | |
| 2.1 **Has DASH/MARAC risk assessment been carried out?**  Yes   No | | | |
| 2.2 **What is the current risk level?**  High  Medium  Standard | | | |
| 2.3 **If different from the referrer, who carried out the risk assessment?** | | | |
| **Name:** |  | **Job title:** |  |
| **Organisation:** |  | **Contact no:** |  |

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| **3. DETAILS OF CLIENT (complete all fields)** | | | | | | |
| 3.1 **Name:** |  | | **Contact no:** | |  | |
| **Email:** |  | | | | | |
| **Date of Birth:** |  | | **Availability:** | |  | |
| **Address:** | Permanent address to be made safe | | **Alternative address:** | | Where will the client stay while the works are carried out? | |
| **Postcode:** |  | | **Postcode:** | |  | |
| 3.2 **Options discussed with client:** | Emergency Temporary Accommodation  Legal advice (Non-Molestation Order, Occupation Order)  Refuge space  Home Shelter scheme  Transfer  Refuge Space  Locks changed  Police Options (Special Scheme, Alarms, TecSOS phone etc) | | | | | |
| 3.3 **Language, disability, mobility and cultural barriers** | Please give information about any relevant issues that the DOCO/contractor should take into account when they are visiting the property, contacting the victim or carrying out the work.  Are there any issues that might delay or complicate this referral? | | | | | |
| 3.4 **Children living with the client:** | | | | | | |
| Name: |  | | Date of Birth: | | / / | |
| Name: |  | | Date of Birth: | | / / | |
| Name: |  | | Date of Birth: | | / / | |
| 3.5 **Has a child safeguarding alert been raised?**  Yes  No  Date: / / | | | | | | |
| 3.6 **Named Social Worker:** | |  | | Contact no: | |  |

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| 3.7 **Adult at risk living with the client:** | | | | | | |
| Name: |  | | Date of Birth: | | / / | |
| Name: |  | | Date of Birth: | | / / | |
| 3.8 **Has a safeguarding adult alert been raised?** Yes  No  Date: / / | | | | | | |
| 3.9 **Named Social Worker:** | |  | | Contact no: | |  |

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| **4. ACCOMMODATION (complete all fields)** | | | | | |
| 4.1 **Does the client fully intend to continue living in their current home for the foreseeable future?**  If no, explain why: | | | | Yes  No | |
| 4.2 **Tenancy type:** | Sole  Joint | **Owner Occupier:** | | Yes  No | |
| 4.3 **Landlord / Estate Officer / Housing provider details who can approve works** (If applicable) | | | | | |
| Name: |  | | Address: | |  |
| Work/mobile no: |  | |
| Availability: | Contact times from to | |
| Email: |  | | Postcode: | |  |

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| **5. NATURE AND HISTORY OF VIOLENCE/ THREAT OF VIOLENCE (complete all fields)** | | | |
| 5.1 **Explain the nature of the violence and threats to the client (please indicate if there is an imminent risk to the client and/or property and any threats made by the perpetrator against the client or property):** | | | |
| 5.2 **Does the perpetrator have legal access to the property?**  Yes  No  If ‘Yes’, further information required: | | | |
| 5.3 **Has the client sought legal remedies?** Yes  No  Expiry date: / /  Please give details: | | | |
| 5.4 **Has the violence / perpetrator been reported to the police?**  Yes  No | | | |
| 5.5 **Crime reference (CRIS) number:** | |  | |
| 5.6 **Who was it last reported to and when?** | |  | |
| **Name of 1st perpetrator:** |  | **Address:** |  |
| **Date of Birth:** |  |
| **Relationship to client:**  eg (partner, ex-partner, mother, father, son, daughter, adult family member, child family member, unknown) | | **Postcode:** |  |
| **Name of 2nd perpetrator (if applicable):** |  | **Address:** |  |
| **Date of Birth:** |  |
| **Relationship to client:**  Please circle one (partner, ex-partner, mother, father, son, daughter, adult family member, child family member, unknown) | | **Postcode:** |  |

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| **6. FIRE SAFETY RISK** |
| 6.1 **Are there any fire safety risks highlighted for the property?** Yes  No  Not known |
| 6.2 **Does the client agree to a fire safety assessment be undertaken by the London Fire Brigade?** Yes  No |

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| **7. CONSENT** |
| **Before any further action is taken the client must give their consent to make this referral. Does the client consent?**  7.1 Yes  No |

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| **8. STAFF / CONTRACTOR RISKS** |
| **8.1 Please summarise any concerns the client has about the safety of the property or police/ contractors visiting the property. This could be information about any known history / pattern of violence or abuse by the perpetrator against visitors.** |
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| **9. BUDGET HOLDER DECISION** | |
| **Referral accepted for consideration at MARAC?** Yes  No  **Reasons for not approving:** | |
| Date sent to MARAC: | / / |

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| **10. MARAC or CSU DECISION**  **A SANCTUARY VISIT CAN BE REQUESTED FOR HIGH RISK CASES** | | | |
| **REASON for requesting sanctuary visit:** | | | |
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| **RISK ASSESSMENT?** HIGH  MEDIUM  STANDARD | | | |
| **DATE SENT TO DOCO BY MARAC/BUDGET HOLDER:** | **/ /** |  | **/ /** |