



**IDVA/OUTREACH REFERRAL FORM**

**REFERRING AGENCY'S DETAILS**

REFERRING AGENCY NAME:	REFERRER'S NAME:
REFERRER'S CONTACT DETAILS:	DATE OF REFERRAL:

**CLIENT'S DETAILS**

CLIENT NAME:	DATE OF BIRTH:
CLIENT ADDRESS:	ETHNIC ORIGIN:
SAFE CONTACT DETAILS:	IS IT SAFE TO LEAVE VOICE MAIL MESSAGES ?:
ARE VICTIM & ABUSER LIVING TOGETHER ?:	LEVEL OF RISK (MEDIUM, HIGH, VERY HIGH):
ANY SPECIAL CIRCUMSTANCES, IE IMMIGRATION STATUS, LANGUAGE BARRIER ETC.:	BRIEF HISTORY OF ABUSE:

**ABUSER'S DETAILS**

ABUSER'S NAME:	DATE OF BIRTH:
ABUSER'S ADDRESS:	ANY ACTION TAKEN BY POLICE IF APPLICABLE:

**CHILDREN'S DETAILS**

CHILDREN	ADDRESS	DATE OF BIRTH	HAS CHILD WITNESSED ABUSE
NAME			
NAME			
NAME			
NAME			
NAME			

Has child contact been identified as a risk? If yes, please give details:

Please note: If a risk assessment has been completed with the victim, please attach this to the referral form.

If you have an email address, please telephone email this form too:

[idva@ebwomensaid.org.uk](mailto:idva@ebwomensaid.org.uk)