**Referral form for FIIP Freedom Programme**

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| --- | --- | --- | --- | --- | --- |
| ***CLIENT DETAILS*** | | | | | |
| **Family Name:**  **First name/s:**  **D.O.B:** | **Address:**  **SAFE telephone number:** | | | | |
| **Any learning difficulties, extra needs or allergies?** | **If referrer is DASH trained**  **DASH level; High Medium Standard** | | | | |
| **Currently in a relationship Y N** | **Number in household: Adults Children** | | | | |
| **Other info? (e.g. anxiety, child care issues, transport issues, dates when the client would be unable to attend? e.g. holidays, meetings, case conference reviews etc.)** | | | | | |
| **Is it OK if client is called by a male worker if no female available? Y N** | | | | | |
| **CHILDREN**  **(Please include *all* children in the home)** | | | | | |
| **Name** | | **M** | **F** | **Date of birth** | |
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|  | |  |  |  | |
| **Status if children’s social care involved;**  **CIN CP Other** | | **Name of social worker if applicable:** | | | **SW contact details** |
|  | | |  |
| ***REFERRER DETAILS*** | | | | | |
| **Name:** | **Job title:**  **Agency:** | | | | |
| **Address:** | **Telephone number:**  **E-mail:** | | | | |
| ***PERPETRATOR DETAILS* *(whether current or historical)*** | | | | | |
| **Family name:**  **First Name/s:**  **D.O.B:** | | **Address:** | | | |
| **Please provide any information re perpetrator/s that you think may be relevant, e.g. Former partner/s, AKA, proximity, whether they have; PR, previous/pending convictions, probation, any court orders;** | | | | | |
| ***AGREEMENT*** | | | | | |
| **Referrer has explained the purpose and summarised the content of the Freedom Programme to the client:**  **Signature of referrer:**  **The purpose, and summarised content of The Freedom Programme has been explained to me and I would like to attend the course:**  **Signature of Client:**  **Date:** | | | | | |
| **CONSENT TO SHARE INFORMATION / DATA PROTECTION**  **By signing this form you are giving written consent that you agree that:**  The information on this form will be treated as confidential and only used for the purposes of gathering and providing statistical data for either; Families Intensive Intervention Project (FIIP) or Plymouth Children Centre’s administration.  FIIP or Plymouth Children’s Centres may have a legal obligation to share information with other agencies in specific circumstances. These are: if you are in danger, a child is at risk, or a young person under 16 has run away from care.  **Signature of Client**:  **Date**:  All information about you that is held by FIIP or Plymouth Children Centre’s will be kept in accordance with the Data Protection Act | | | | | |

Form updated Jan 2018ADDITIONAL NOTES,

Any other relevant information for example;

Whether there has been changes to; risk, perpetrator, violence, situation, proximity of perpetrator.

Whether the *typology of abuse* has been identified, such as;

*Coercive Control;* (Involving a pattern of violent or non-violent coercive control where one person abuses their power to have control of another.)

*Violent Resistance;* (Where a victim may use violence as a way of resisting abuse or control)

*Situational Couple Violence;* (Where two people in a relationship argue regularly, or use episodic violence to get their own way)

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**FACTS AND FIGURES ABOUT YOU**

This information will be kept separately from your application form.

**If there are any questions you don’t wish to answer, then you don’t have to** – but don’t forget, the form won’t have your name on it.

We will use the information to make sure we are being fair in the way we use our application policy for housing and support services.

|  |  |
| --- | --- |
| How old are you? |  |

Are you **Male** or **Female**  or **Transgender** (*please tick*)

Do you use a wheelchair? **Yes No** (*please tick*)

Are you registered disabled? **Yes No** (*please tick*)

Do you consider yourself to be (*please tick one box*)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Straight** |  | **Gay man** |  | **Lesbian** |  | **Bisexual** |  | **Not sure** |  |

|  |  |
| --- | --- |
| Don’t wish to answer |  |

What is your religion? (*please tick one box*)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Baha’i |  | Buddhist |  | Christian |  | Hindu |  | Jain |  |
| Jewish |  | Muslim |  | Sikh |  | No religion |  |

|  |  |
| --- | --- |
| Don’t wish to answer |  |

What is your ethnic origin? (*please tick the one that applies to you*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | |  | **Mixed** | |
| British |  |  | White and Black Caribbean |  |
| Irish |  |  | White and Black African |  |
| Other |  |  | White and Asian |  |
| **Asian or Asian British** | |  | Other |  |
| Indian |  |  | **Black or Black British** | |
| Pakistani |  |  | Caribbean |  |
| Bangladeshi |  |  | African |  |
| Other |  |  | Other |  |
|  | |  | **Chinese or other ethnic group** | |
| Gypsy / Romany / Irish Traveller |  |  |
|  | Chinese |  |
|  | |  |
| Don’t wish to answer |  |  | Other |  |

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