

**Equation Referral Form**

**For LGBTQ+ People Experiencing Domestic Abuse**

**Nottinghamshire and Nottingham City**

**How to complete this referral:**

By completing this referral form, you’re helping us to contact the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their individual needs and circumstances.

**How to submit this referral:**

Please complete and return by email to:

**Non secure email** (please send password protected): [referrals@equation.org.uk](mailto:referrals@equation.org.uk)

**Secure email:** [idva.referrals@equation.cjsm.net](mailto:idva.referrals@equation.cjsm.net)

**IMPORTANT NOTES:**

1. **Please contact Equation on 0115 960 5556** to inform you have sent a referral. This will provide confirmation that your referral has reached us from your email account.

2. If you have identified the case as **HIGH RISK** then please follow the MARAC referral process in line with your organisation’s procedures. Please contact us if you are unsure.

**Eligibility criteria for this service:**

*Please be sure to check that the client meets the following criteria before making the referral:*

1. **You have received the consent of the survivor to share this information and make the referral to us. Please confirm (YES/NO)**
2. To your knowledge the client is not a perpetrator of domestic abuse
3. The client identifies as LGBTQ+ and wishes to access support through Equation
4. The client is 16+ years old
5. There is a **safe** means of contacting the client (either by phone, letter, or joint meeting with your service)
6. The service user lives in Nottinghamshire or Nottingham City

**Accompanying documents:**

Please attach the following documents to this referral (if completed):

1. DASH risk indicator checklist
2. LGBT DASH RIC Special Considerations Checklist

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact **Equation’s Domestic Abuse Service on 0115 960 5556**

|  |  |  |
| --- | --- | --- |
| 1. **Information about the person making the referral** | | |
|  | | |
| Date of referral: | |  |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Role/ job title |  | |
| Contact number |  | |
| Contact email |  | |

1. **Client contact information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact information** | | | | | |
| First name | | |  | | |
| Last name | | |  | | |
| Other names | | |  | | |
| What do they like to be called? | | |  | | |
| Pronouns | | | He/him She/her They/them  Self-describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| DOB | | |  | | |
| **Addresses** | | | | | |
| Current address | | |  | | |
| Current Local Authority | | |  | | |
| Local Authority of origin (if different) | | |  | | |
| Does the perpetrator live at this address? | | | Yes  No  Don’t know | | |
| Safe contact notes: | | |  | | |
| **Contact info** | | | | | |
| *Details Safe to contact?* | | | | | |
| Phone | |  | | |  |
| Email | |  | | |  |
| Safe contact notes | |  | | | |
| Other organisations/workers supporting survivor (and their details) | |  | | | |
| **Accessibility requirements** | | | | | |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes  No  Don’t Know | | | *If yes, please provide details:* | |
| Does this client require an interpreter? | Yes  No  Don’t Know | | | *If yes, please provide details:* | |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female  Male  Gender Queer  Intersex  Non-binary  Trans man  Trans woman  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know  Prefer not to say |
| Do they consider themselves to have any kind of disability?  (please tick any that apply) | Physical  Learning  Mental Health  Deaf/ hearing impaired  Blind/ visually impaired  Don’t Know  Other disabilities/comments: |
| How would they describe their ethnicity? | |
| White British  White Irish  White Gypsy or Irish Traveller  Any other White background  Asian British  Asian Indian  Asian Pakistani  Asian Bangladeshi  Any other Asian background  Chinese  Arab | White and Black Caribbean  White and Black African  White and Asian  Any other mixed/ multiple background  Black British  Black African  Black Caribbean  Any other Black background  Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
| Do they have a faith/ religion? | |
| Agnostic  Atheist  Baha’i  Buddhist  Christian  Hindu  Humanist  Jain | Jewish  Muslim  None  Rastafari  Sikh  Zoroastrian  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say  Don’t Know |
| What is their relationship status?  (tick one option) | Civil partnership  Married  Divorced  Separated  Cohabiting but not married/ CP  In a relationship (not cohabiting)  Widowed  Single |
| What is their sexual or romantic orientation?  (tick one option) | Asexual  Aromantic  Bisexual  Gay  Heterosexual  Lesbian  Pansexual  Prefer not to say  Queer  Questioning  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |

1. **Client support needs/ vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have:*** | |
| Mental Health  Physical Health  Sexual Health  Gender Identity | Alcohol  Substances  Offending |
| **Additional details:** | |
| What is this client’s nationality? |  |
| *(If not a British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes  No  Don’t know |

1. **Children**

|  |  |  |
| --- | --- | --- |
| **If the person being referred has children, please provide details** | | |
| Name | DOB | ADDRESS IF DIFFERENT TO THE SURVIVOR |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are social services involved in this case?  *(Please give details)* |  | |
| Name of social worker *(if relevant)* |  | |

1. **Alleged perpetrator(s)**

|  |  |
| --- | --- |
| **Information about the alleged perpetrator(s), if known:** | |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* | |
|  | |

1. **Reason for referral**

|  |
| --- |
| **Why are you making this referral – how could this client benefit from our support?** |
|  |
| **Are there any known risks to working with this client?** |
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