

**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

**Secure email:** 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**

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| --- |
| 1. **Information about the person making the referral**
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|  |
| 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**

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| --- |
| **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**

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| ***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)**

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| --- |
| **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**

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| --- |
| **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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