

**Equation Referral Form**

**For Men 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 particular 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:** [menservice.referrals@equation.cjsm.net](mailto:menservice.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 male
4. The client is 16+ years old (Nottingham City) / 18+ (Nottinghamshire County)
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

**How to get in touch:**

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact **Equation 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? | | |  | | |
| 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 | |  | | | |
| Client Next of Kin details (if known – not alleged perp) | |  | | | |
| Client GP details (if known) | |  | | | |
| 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  In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is their current gender different to the sex they were assigned at birth? | Yes  No  Don’t know |
| 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 orientation?  (tick one option) | Heterosexual/ straight  Gay  Bisexual  Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |

1. **Client support needs/vulnerabilities**

|  |  |
| --- | --- |
| ***Please tell us more about any support needs the client may have (Equation may not be able to provide support in all these areas but can signpost to specialist organisations or support client to engage):*** | |
| Mental Health/Wellbeing  Children/Child Contact  Physical Health  Housing  Finances  Immigration Status  Work/Education/Training | Alcohol  Substances  Offending  Social/Support Networks  Sexual Health  Criminal/Civil Justice |
| **Additional details:** | |
| What is this client’s nationality? |  |
| *(If not 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, 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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