

**Equation Referral Form**

**For the Elevate Youth Club- Young male and LGBTQ+ people.**

**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. We will complete an assessment with the client to determine if they are suitable for the youth club. This will include completing a DASH with the client.

**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. To your knowledge the client has experienced domestic abuse
4. The client identifies as Male or LGBTQ+ and wishes to join the youth club
5. The client is 16-22 years old
6. There is a **safe** means of contacting the client (either by phone, letter, or joint meeting with your service)
7. The service user lives in Nottinghamshire or Nottingham City

**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? | | |  | | |
| 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 | |  | | | |
| 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  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 Interests**

|  |  |
| --- | --- |
| ***Please tell us more about any interests the client may have and what they want to access at the youth club:*** | |
| Mental Health/Wellbeing  Confidence boosting  Healthy relationship work  CV/Employment support  College/University application support  Sports activities | Art activities  Book club  Social/Making friends  Music  Performing arts (Drama)  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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. **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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