**Jewish Women’s Aid Referral Form**

**Please return to:** [**clientsupport@jwa.org.uk**](mailto:clientsupport@jwa.org.uk)

**Referral Date: …………………………………….**

**Please ensure the client meets the criteria for accessing our Domestic Abuse Support Service including practical support and counselling:**

* Identifies as Jewish or converting to Judaism
* Female / trans\* female
* Abuse is familial, partner or ex-partner abuse

**Please ensure the client meets the criteria for accessing our Sexual Violence Support Service including practical support and counselling:**

* Identifies as Jewish or converting to Judaism
* Female / trans\* female
* Would like to explore criminal justice options with no pressure to proceed and/or access counselling

|  |  |  |
| --- | --- | --- |
| **Please TICK the box below to confirm the client has given permission to refer to JWA** | | |
| YES 🞎 | | |
| **Please indicate which JWA service(s) you’d like to refer to (please tick):** | | |
| Domestic Abuse Support Service  Sexual Violence Support Service | | 🞎  🞎 |
| **Please enter your name and contact details:** | | |
| Referrer’s name |  | |
| Organisation name |  | |
| Contact number |  | |
| Contact email |  | |

|  |  |  |
| --- | --- | --- |
| **Please indicate your agency type:** | | |
| Health  Another DV service  Helpline  Sexual Violence service  Probation  Adult social services  Police  Children’s services  Voluntary / community group (please name) ……………………………………..  Drugs / alcohol  Education  Other (please name) ……………………………………………………. | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 |

|  |
| --- |
| **How did you find out about our service? (Please tick)** |

|  |  |
| --- | --- |
| Flyer / poster  Made a referral before  National Domestic Abuse Helpline  Online  Attended training or awareness session  Another service (please name) ………………………………………..  Word of mouth  Other (please name) ………………………………………………… | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 |

|  |  |
| --- | --- |
| **Please enter the details of the person you’re referring:** | |
| First name |  |
| Last name |  |
| Other / previous names |  |
| Date of birth |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Information about the person being referred to Jewish Women’s Aid** | | | | |
|  | | | **Safe to contact** |  |
| Telephone |  | | Yes  No | 🞎  🞎 |
| Email |  | | Yes  No | 🞎  🞎 |
| Address |  | | Yes  No | 🞎  🞎 |
| Borough where she currently resides |  | | | |
| Is the client living with the perpetrator/s? |  | | | |
| Is the client currently in refuge accommodation? |  | | | |
| **If the client is under 18, has parent / carer consent been sought for the referral?** | | | | |
| Yes  No, not sought  No, not safe to seek | | | | 🞎  🞎  🞎 |
| Has the client used this service before? | | Yes  No  Not sure | | 🞎  🞎  🞎 |
| Is the client currently pregnant? | | Yes  No  Not sure  If yes, due date: | | 🞎  🞎  🞎 |
| Primary Language | |  | |  |
| Other languages spoken | |  | |  |
| Clients gender | | Female  Don’t Know | | 🞎  🞎 |
| Is the client’s gender different to the gender they were assigned at birth? (Are they transgender?) | | Yes  No  Don’t know | | 🞎  🞎  🞎 |

|  |  |  |
| --- | --- | --- |
| **Briefly outline the reason you’re making a referral to JWA today, and how you feel the client could benefit from our support.** | | |
|  | | |
| **Client referred for support around: (Please tick all that apply)** | | |
| |  |  | | --- | --- | | Coercive control 🞎 | | | Emotional / psychological abuse 🞎 | | | Financial/economic abuse 🞎 | | Forced marriage 🞎 | | Harassment / stalking 🞎 | | Physical abuse 🞎 | | Rape 🞎 | | Sexual abuse 🞎 | | Sexual assault 🞎 | | Sexual exploitation 🞎 | | Spiritual abuse 🞎 | | Tech abuse 🞎 |   Other (please name) …………………………………………………….……… | | |
| Does the client have any children? If so, how many? | | |
| **Please provide children’s names and DOB if known:** | | |
| Name | DOB |  |
| Name | DOB |  |
| Name | DOB |  |
| Name | DOB |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is the client’s ethnicity? (Please tick)** | | | | | |
| 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 | | | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 | 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  Chinese  Arab  Any other ethnic group  Don’t know | 🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎  🞎 |
| **What is the client’s level of religious observance? (Please tick)** | | | | | |
| Chasidish  Charedi  Modern Orthodox  Traditional  Masorti  Reform  Liberal  Secular  Cultural  Other | | | | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | |
| **What is their nationality?** | | | | | |
|  | | | | | |
| **What is their relationship status? (Please tick)** | | | | | |
| Civil Partnership  Married  Divorced  Separated  Cohabiting but not married  In a relationship (not cohabiting)  Widowed  Single  Don’t know | | | | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 | |
| **What is their sexual orientation? (Please tick)** | | | | | |
| Heterosexual  Gay woman/lesbian  Bisexual  Other (please name) …………………………………..  Don’t know | | | | 🞏  🞏  🞏  🞏  🞏 | |
| **Does the client have any disability? (Please tick)** | | | | | |
| None  Yes:  Physical  Learning  Deaf/hard of hearing  Blind/visually impaired  Mental health  Other | | | | 🞏  🞏  🞏  🞏  🞏  🞏  🞏 | |
| ***Notes:*** | | | | | |
|  | | | | | |
| **Please tell us more about any support needs the client may have:** | | | | | |
|  | | | | Comments: | |
| Recourse to public funds | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| Support needs around alcohol | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| Support needs around drugs | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| Support needs around mental health | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| BSL/interpreter required | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| Does the client have any accessibility requirements | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| Does the client have any previous convictions | Yes  No  Not sure | 🞏  🞏  🞏 | |  | |
| ***If you have any other important/useful information about this woman’s support needs, please provide additional details below:*** | | | | | |
| Are there any known risks to working with this client? | | | | | |
|  | | | | | |
| Please provide GP’s details | | | | | |
| Name | | | | | |
| Address | | | | | |
| Telephone number | | | | | |
| **Please provide information for client’s next of kin/emergency contact** | | | | | |
| Name | | | | | |
| Address | | | | | |
| Telephone number(s) | | | | | |
| Safe contact notes: | | | | | |