

**HELPING HANDS PROJECT REFERRAL FORM**

***ALL REFERRALS REQUIRE THE CONSENT OF THE SERVICE USER***

**This information will be held in confidence and shared only with the staff/volunteer supporting the family.**

**Please email the referral to:** [**seemadesai@jigsaw4u.org.uk**](mailto:seemadesai@jigsaw4u.org.uk) **(Merton & Croydon referrals), or** [**lizmiller@jigsaw4u.org.uk**](mailto:lizmiller@jigsaw4u.org.uk) **(Sutton referrals)**

***For Volunteer Co-Ordinator use only***

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| **Date Referral Received:** |

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| **NAME OF SERVICE USER** |  |
| **ADDRESS AND POSTCODE** |  |
| **TEL NO.s FOR SERVICE USER** |  |
| **EMAIL ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **REGISTERED DISABLED YES/NO?** |  |

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| **Names of children** | **Date of birth** | **Is the perp the biological parent of the child?** | **Registered Disabled?** | **CIN/CP** | **Pre-school/School name** |
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| **AGENCIES INVOLVED** | **CONTACT NAME** | **Tel. no.** |
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| **What is your first language:** | **Other languages spoken:** | **Is an interpreter required:** |
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| **Immigration status:** | **Details regarding immigration/funds:** | **Access to public funds? Yes/No** |
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| **Referred by (Name):** | **Agency** | **Contact details** | **Date of referral** |
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| **Mental Health concerns:** | **Medication:** |
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| **ETHNICITY** |  | **GENDER** |  |
| White/White British/White Other |  | Female |  |
| Asian/Asian British/Asian Other |  | Male |  |
| Black/African/Caribbean/Black British |  | Transgender – M to F |  |
| Other Ethnic Group |  | Transgender – F to M |  |
| Prefer not to say |  | Prefer not to say |  |

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| **Service User’s experience of dv (physical, emotional, threatening, financial, sexual, stalking. How long ago did the abuse stop/ is it still ongoing? Have the police ever been called out? Has the abuse ever been reported to the police?):** |
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| **Child(ren)’s experiences regarding domestic violence**  **(health/schooling/friendships/behaviour):** |
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**In order for the Helping Hands volunteer to provide the most appropriate support to the service user/family please complete this form indicating how you would like the volunteer to help:**

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| **Support required** | **Tick if applicable** | **Please tell us why this is a need and how we might be able to help** |
| **Reduce the parent/service user’s isolation**  **e.g. social networking** |  |  |
| **Increase the family/service user’s access to other services** |  |  |
| **Improve the parent/service user’s emotional wellbeing** |  |  |
| **Develop self-esteem with the service user/child(ren)** |  |  |
| **Improve the relationship between parent & child** |  |  |
| **Improve the health/physical wellbeing of the service user and/or her children** |  |  |
| **Improve the parent’s ability to manage the household on a day to day basis** |  |  |
| **Support in attending court/housing or similar appointments** |  |  |
| **Access to food bank, if so any dietary requirements / allergies?** |  |  |
| **Other (please describe)** |  |  |

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| **Are there any safety/risks/health issues we should be aware of when placing a volunteer with the service user?** |
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| **NAME OF PERPETRATOR:** |  |  | **DOB:** |
| **Is the perpetrator still living in the same home as the service user** | **YES/NO**  **(please circle)** | **Details:** | |
| **Does the perpetrator live in the same borough as the service user?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Does the perpetrator know where the service user is currently living?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Has a risk assessment been completed?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Do you or other agencies visit the service user at their home address?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Has a referral been made to MARAC (Multi Agency Risk Assessment Conference) either recently or in the past?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Are there any current orders in place (non-molestation, residency, occupancy orders etc.)?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Are there any conflicts over child contact?** | **YES/NO**  **(please circle)** | **Details:** | |
| **Has the perpetrator even been in trouble with the police or do they have a criminal history?** | **YES/NO**  **(please circle)** | **Details:** | |

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