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|  | Savera UK |

New Client Referral Form

# Referral Guidelines

1. This form is to be used when referring a client over to Savera UK for additional support. Referral information will be stored with the client file for continued partnership working.
2. **Savera UK is not an emergency service. We only operate Mon- Fri, 9-5pm.**
3. **Please note that Savera UK will not, under any circumstances, meet with or where the perpetrator is present.**
4. Please make sure you **complete all sections of the form**. If we require any additional information we will contact the person listed in Section 1.
5. Any problems or guidance needed for completing the form please call **0800 107 0726**
6. **PLEASE SEND ALL COMPLETED REFERRALS TO OUR SECURE EMAIL ADDRESS** New.referrals@saverauk.cjsm.net if you have any problems sending this form then please call **0800 107 0726**

#  Referral Information

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| --- | --- |
| **Date referred to Savera UK** |  |
| **Referrer’s name and organisation:** |  |
| **Telephone:** |   |
| **Email:** |  |
| **Police Log Number (if appropriate)** |  |
| **Police contact details:** |  |

# About the Client

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| --- | --- | --- |
| **Client Name:** | **DOB:** |  |
| **Address:** |
| **Client phone number:**  |   |
| **Is it safe to call the client?** | YES | NO |
| **Has the client given consent for Savera UK to contact them? (please obtain client’s consent *before* making a referral)** | YES | NO |
| **Is the client from BME community?** | YES | NO |
| **Gender:**  | MALE | FEMALE |
| **Client background/Ethnicity:** |  |
| **Primary Language:** |  |
| **Interpreter required?** | YES | NO |
| **Religion/Faith:** |  |
| **Disability/literacy or numeracy difficulties?** | YES | NO |
| **Are there any mental health issues that we need to be made aware of?**  | YES | NO |
| **Details of MH issues:** |
| **GP details:** |

# Immigration status

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| --- | --- |
| **What is the client immigration status?** |  |
| **Please state:** |

# Other Agencies

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| --- | --- | --- |
| **Is the client aware of who to contact should they be at immediate risk of harm? (call 999)** | YES | NO |
| **Has this person been referred to MARAC currently or previously or has there been domestic abuse? (All HBV cases must be referred to MARAC)** | YES | NO |
| **If YES please provide more information (When was MARAC heard/ Other agencies involved- please provide contact details of other agencies involved with the client)** |

# Address and dependendants

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| **Is the client in a safe address/ Has the client a safe place to go?**  | YES | NO |
| **If NO, is a safe place required for the client?** | YES | NO |

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| **Is there any children at the address?** *Under age of 18* | YES | NO |

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| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **School** | **Known to Social Care** |
|  |  | **MALE** | **FEMALE** |   |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

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| --- | --- | --- |
| **Is there anyone else residing at client address?** *Over age of 18* | YES | NO |

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| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Relationship to client** | **Language** |
|  |  | **MALE** | **FEMALE** |   |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

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| **Other relevant people/family members NOT at client address that we need to be aware of?**  | YES | NO |

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| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Relationship to client** | **Language** |
|  |  | **MALE** | **FEMALE** |   |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |
|  |  | **MALE** | **FEMALE** |  |  |

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| **Is the client at risk of** **HONOR BASED ABUSE?**  | YES | NO |
| **What has the client said that makes you feel they are at risk?** |
| **Please highlight what level risk you believe the client to be in: (please circle)****RED- (*high and immediate risk)* if client is immediate or high risk- call 999.****AMBER- (medium/high risk but in no immediate danger)** **GREEN (low/medium risk)**  |
| **Has the person been harmed by any family members/individuals?** | YES | NO |
| **Do any family members/individuals know that the client has raised concerns?** | YES | NO |
| **If YES:** **What is full name of family member/individual that knows of disclosure?** |  |
| **What is their relationship to the client?**  |

# Honor based abuse concerns

# FGM concerns

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| **Is client at immediate risk of FGM?** | YES | NO |
| **IF YES: Call 999** |
| **Has the client already undergone FGM as an adult/child?** | YES | NO |
| **Please give details:** |
| **Is the client aware that FGM is illegal in the UK?** | YES | NO |
| **Are there any family members/individuals who may pose a risk or wish for the children to undergo FGM?** | YES | NO |
| **Does the client have any plans to leave the country or return to their country of origin?** | YES | NO |
|  **Has FGM Protection Order being served or obtain to protect those at risk?** | YES | NO |
| **Details of FGM protection order:** |
| **Any other concerns/ significant details:** |

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| --- | --- | --- |
| **Is the person at risk of or have they been subject to a Forced Marriage?** | YES | NO |
| **Did the marriage occur in the UK?** | YES | NO |
| **When did this occur? When is the marriage due to take place?** |
| **Who arranged/forced the client to get married? (please provide full name)** |
| **Relationship to the client:** |
| **Does the client feel they are at risk?** | YES | NO |
| **Is the client’s spouse aware that they have disclosed concerns?** | YES | NO |
| **Does the client wish to get out of the marriage?** | YES | NO |
| **Does the client have any learning difficulties or impairments that may affect their ability to understand the concerns or leave them open to further exploitation?** | YES | NO |
| **Has a Forced Marriage Protection Order been obtain to protect those at risk?** | YES | NO |
| **Details of FM protection order:** |
| **Any other concerns/ significant details:** |

# Forced marriage concerns

# Domestic Abuse concerns

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| --- | --- | --- |
| **Is the person at risk of or have they been subject to Domestic Abuse?** | YES | NO |
| **What has the client said that makes you feel they are at risk?** |
| **Please highlight what level risk you believe the client to be in: (please circle)****RED- (*high and immediate risk)* if client is immediate or high risk- call 999.****AMBER- (medium/high risk but in no immediate danger)** **GREEN (low/medium risk)**  |
| **Does the client feel they are at risk?** | YES | NO |
| **Is the perpetrator aware that they have disclosed concerns?** | YES | NO |
| **Does the client have any learning difficulties or impairments that may affect their ability to understand the concerns or leave them open to further exploitation?** | YES | NO |
| **Has the client a safe place to go?** | YES | NO |
| **If NO, is a safe place required for the client?** | YES | NO |

# Savera Use only

|  |  |
| --- | --- |
| **Date Assigned:** |  |
| **Client ID/ref:** |  |
| **On database:** |  |
| **Assigned to:** |  |
| **Initial Meeting date:** |  |
| **Care plan decided:** |  |
| **Next Savera review:** |  |