

## 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](mailto:New.referrals@saverauk.cjsm.net) if you have any problems sending this form then please call **0800 107 0726**

### Referral Information

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

### About the Client

|   |      |        |
|---|------|--------|
| 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?<br><i>(please obtain client's consent before making a referral)</i> | YES  | NO     |
| Is the client from BME community?   | YES  | NO     |
| Gender:   | MALE | FEMALE |
| Client background/Ethnicity:  |      |        |
| Primary Language:   |      |        |
| Interpreter required?   | YES  | NO     |

|   |     |    |
|---|-----|----|
| <b>Religion/Faith:</b>  |     |    |
| <b>Disability/literacy or numeracy difficulties?</b>                        | YES | NO |
| <b>Are there any mental health issues that we need to be made aware of?</b> | YES | NO |
| <b>Details of MH issues:</b>  |     |    |
| <b>GP details:</b>  |     |    |

**Immigration status**

|   |  |
|---|--|
| <b>What is the client immigration status?</b> |  |
| <b>Please state:</b>                          |  |
|   |  |

**Other Agencies**

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

**Address and dependants**

|   |     |    |
|---|-----|----|
| 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 |

|  |     |    |
|--|-----|----|
| Is there any children at the address? <i>Under age of 18</i> | YES | NO |
|--|-----|----|

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

|  |     |    |
|--|-----|----|
| Is there anyone else residing at client address? <i>Over age of 18</i> | YES | NO |
|--|-----|----|

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

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

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

|  |     |    |
|--|-----|----|
| Is the client at risk of <b>HONOR BASED ABUSE?</b> | 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)<br><b>RED- (high and immediate risk)</b> if client is immediate or high risk- call 999.<br><b>AMBER- (medium/high risk but in no immediate danger)</b><br><b>GREEN (low/medium risk)</b> |     |    |
| 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:<br>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

|   |     |    |
|---|-----|----|
| Is client at immediate risk of FGM?   | YES | NO |
| <b>IF YES: Call 999</b>   |     |    |
| 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:  |     |    |

## Forced marriage concerns

|  |     |    |
|--|-----|----|
| 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:   |     |    |

## Domestic Abuse concerns

|   |     |    |
|---|-----|----|
| 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?  |     |    |
| <p>Please highlight what level risk you believe the client to be in: (please circle)</p> <p><b>RED- (high and immediate risk)</b> if client is immediate or high risk- call 999.</p> <p><b>AMBER- (medium/high risk but in no immediate danger)</b></p> <p><b>GREEN (low/medium risk)</b></p> |     |    |
| 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:   |  |