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|  | pnggResolve to Stop the Violence Programme (RSVP)  Referral Form |

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| Agency Details | | | |
| Your Agency Name: | Referrer name: | Telephone No(s): | Date: |
| Email address: | | | |

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| **Client Details** | | | | | | | | |
| **Clients Name:** | | | | | | | | |
| **D.O.B** | **Ethnicity:** | | | | **Preferred Language:** | | | |
| **Is client aware of the referral? YES NO**  x | | | | | | | | |
| **Address:** | | | | | | | | |
| **Telephone Number:** | | | | | | **(Are we able to text/leave messages?)**  **YES NO** | | |
| **Give brief detail of domestic abuse history:** | | | | | | | | |
| **What has prompted this referral?** | | | | | | | | |
| **Is client still living with partner?YES** **NO** | | | | | | | | |
| **(ex)Partner’s Name:** | | | **Address:** | | | | **Telephone No:** | |
| **Children’s Details** | | | | | | | | |
| **Name:** | | **D.O.B:** | | **Name And Relationship Of Person Child Living With?** | | | | **On ‘At Risk’ /Child in Need? Y / N** |
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| **Any additional information:** | | | | | | | | |
| **Legal Protection Currently In Place** | | | | | | | | |
| **Are there any court orders currently in place relating to any family members (adults or children): If yes please give details:** | | | | | | | | |
| **Substance Misuse** | | | | | | | | |
| **Does client identify as having substance use issues? If yes please give details:** | | | | | | | | |
| **Does partner have substance use issues? If yes please give details below:** | | | | | | | | |
| **Agency Involvement** | | | | | | | | |
| **Has there been Police involvement?** | | | | | | | | |
| **Are there any other agency involvement?** | | | | | | | | |
| **If yes, please give details.** | | | | | | | | |

**If safe to do so, we will make contact with the client to discuss the programme and arrange attendance.**

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|  |
| **Date Received:** |
|  |

**Please send referral form to:**

**RSVP is funded by**

**St. John’s Foundation**



RSVP

DHI Bath

The Beehive Yard

Bath

BA1 5BD

Mob: 07970 889165

Email: [r2@dhi-services.org.uk](mailto:r2@dhi-services.org.uk)

**Before submitting this referral, please could you indicate which behaviours the client identifies with from the following list.**

* **Physical abuse**
* **Punching partner**
* **Grabbing**
* **Slapping**
* **Pushing**
* **Using an object against them**
* **Choking**
* **Kicking**
* **Using a weapon**
* **Driving recklessly to frighten them**
* **Emotional/Mental abuse**
* **Calling them names**
* **Shouting**
* **Putting them down**
* **Humiliation**
* **Frightening them**
* **Intimidation**
* **Making a partner think they are imagining things, or are mentally ill**
* **Blaming a partner for the abuse**
* **Controlling or checking what they wear, who they see, etc**
* **Checking their partners phone/email/social media activity**
* **Isolate partner from friends/family/colleagues/health care and other professionals**
* **Using jealousy as a justification for control, or other abusive behaviour**
* **Using children against a partner**
* **Undermining partner**
* **Smashing objects/property**
* **Sexual abuse**
* **Coercion for sex through intimidation, sulking, silent treatment**
* **Coercing partner to be involved in sexual activity with others**
* **Financial abuse**
* **Preventing partner from employment**
* **Preventing financial independence**
* **Any other abusive/controlling behaviours**

***Please also provide name and contact details of current/ex partner and ensure client is aware that they must consent to a referral being made to Southside Family Centre for partner/ex support, whilst client is attending RSVP. The client will not be able to start RSVP until a Southside referral has been confirmed as received by Southside.***

Partner/Ex partner:

Name.....................................................................................................

Contact Number.............................................................................

Address................................................................................................................

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I understand that a Southside partner support worker will contact my partner/ex partner to carry out Spousal Abuse Risk Assessment in order to gain a clear view of my behaviour, and also to offer them support if they need it.

I understand that my RSVP key worker will not disclose to my partner/ex partner the content of any of my sessions, without my permission, and will not disclose any conversations with my partner/ex partner.

I also understand that if I disclose to my RSVP key worker any abusive behaviour has taken place whilst I am on RSVP, then they will contact the relevant authorities, which may include the police.

Service User Name .....................................................................................

Signature....................................................................................

Date.................................................

Referrers Signature......................................................................

Date.................................................