**Please complete ALL sections of this form. If the General Data Protection Regulations 2018 (GDPR) is not completed, we will be unable to accept your referral.**

**YOUR DETAILS**

|  |  |
| --- | --- |
| **Your Full Name** |  |
| **Name you wish to be known as** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Contact Number** |  |
| **E-mail Address** |  |
| **Current Address (including post code)** |  |
| **Is it safe to contact?**  **(if not please give details)** | **Telephone: Yes/No Text: Yes/No**  **Post: Yes/No Email: Yes/No** |
| **Preferred method of contact** |  |
| **Ethnic Origin/ Religion** |  |
| **Disability/ Medical Conditions (if any)** |  |
| **GP Name & Address** |  |
| **GP Contact Number** |  |
| **Permission to contact if needed?** | **Yes/No** |
| **If anything, different from above**  i.e if it is not safe to contact you and you would like us to contact you via a third party. Please give name, relationship to you and contact details |  |

**FAMILY DETAILS**

|  |  |
| --- | --- |
| **Are you currently in a relationship?** |  |
| **Have you been in or are you in the process of ending an abusive relationship?** |  |
| **Current or Ex- Partner Name** |  |

Please provide details of any children, this includes children living with other family members, in social services care or other.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Name** |  | **DOB** |  |
| **Address** (if different) |  | **Fathers Name & Address** |  |
| **School Attending** |  | | |
| **Child Name** |  | **DOB** |  |
| **Address** (if different) |  | **Fathers Name & Address** |  |
| **School Attending** |  | | |
| **Child Name** |  | **DOB** |  |
| **Address** (if different) |  | **Fathers Name & Address** |  |
| **School Attending** |  | | |

**OTHER SUPPORT**

|  |  |
| --- | --- |
| **Do you have any other issues you require support with?** Please circle or highlight as appropriate. | **Housing Home Safety Food/Toiletries**  **Debts Legal Essential White Goods**  **Baby Items Family Issues Other** |
| **If you have answered yes to the above, please provide details.** |  |

**DETAILS OF OTHER AGENCIES INVOLVED WITH YOU AND YOUR FAMILY**

(ie Social workers, schools, police, housing, ISVA/IDVA, other charitable organisations)

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Contact Name** | **Contact Address/ Contact Number** | **Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**REASON FOR REFERRAL**

|  |  |
| --- | --- |
| **Main Reason for Referral**  Please give details. |  |
| **Is there any other information you want to tell us about?** |  |

**General Data Protection Regulations 2018 (GDPR)**

I, the client, consent to the above personal data being collected and processed by West Cumbria Domestic Violence Support/ The Freedom Project in accordance with GDPR.

|  |  |
| --- | --- |
| **Client Name** |  |
| **Signature** |  |
| **Date** |  |

NB. If the referral has been taken over the phone or by a third party, the worker MUST read the above statement to the client and sign below to say they have gained the client’s consent.

Referrals cannot be processed with a signature. Electronic/typed signatures are acceptable.

|  |  |
| --- | --- |
| **Worker Name**  (if signing on behalf of client |  |
| **Date** |  |