**PROFESSIONAL REFERRAL Referral Date: Referred by:**

**DOMESTIC ABUSE 6 WEEK ONLINE PERPETRATOR PROGRAMME**

*Please fill in everything to the best of your knowledge*

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| Client Referral Details |
| Name of Client: |
| Date of Birth: | Ethnicity: |
| Address: |
|  |
| Postcode: |
| Telephone/mobile: | Email: |
| Email address | Email address required to undertake the remote programme. |
| Religion: | Disability | Yes | No |
| Heterosexual | Yes | No | Bi-sexual / gay men  | Yes | No |

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| Referrer Details |
| Name and Organisation: |
| Address: |
|  |
| Postcode: |
| Telephone: |
| Fax: |
| Email: |
| Please confirm that the client is aware of the referral  | Please tick for Yes 🗸 |  |

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| **Current Partner Details:** |  |
| Name of CurrentPartner: |
| Date of Birth: | Ethnicity: |
| Address: |
|  |
| Postcode: | Telephone: |
| Religion: | Disability | Yes | No |
| Heterosexual | Yes | No | Bi-sexual / lesbian |  |  |

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| **Previous Ex- Partner:**  |
| Name of Ex Partner: |
| Date of Birth: | Ethnicity: |
| Address: |
|  |
| Postcode: | Telephone: |
| Religion: | Disability | Yes | No |
| Heterosexual | Yes | No | Bi-sexual / lesbian | Yes | No |

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| **Children’s Details:** |
| **Name(s)**  | **Age** | **Date of Birth** | **Male/ Female** | **Ethnicity** | **Who does the child live with?** |
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| Is there any police involvement which has not resulted in conviction or caution?  | Yes/No |
| Are there any previous convictions?  | Yes/No |
| Are there any ongoing criminal proceedings? | Yes/No |

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| **If there are any current ongoing criminal proceedings, please give details below:** |
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| **Where did you hear about this Programme –** Please tell us in the box below |
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| **Has a case been referred to MARAC in the past in relation to the person that is being referred onto the programme?** If so please give the dates. |
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| **Please give full details and nature of any reported incidence of domestic abuse (including known police call outs), offences or findings of fact involving children, domestic abuse, sexual offences, drugs, arson and firearms, current legal proceedings, relevant convictions...** |
| *Include nature, details and dates:* |
| How many Police callouts have there been in relation to Domestic Abuse  |  |
| How many Police incidents are recorded? |  |
| Has the Client ever been arrested for Domestic Abuse? |  |
| If Yes, how many times? |  |

**Please sign below to confirm that the information contained within this form is to the best of my knowledge**

**accurate and true:**

**Client:**

**Signed: DATE**

**Please return the completed referral form to** **dappenquiries@yccuk.org.uk**

**Telephone - 0300 – 8000074**

**Please note: on Mondays and Fridays, there will be no-one on site to take calls so please use**

**email contact.**