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| **Phoenix Referral Form** |
| Please return completed form to the email address for your district – found at [www.phoenixgroups.co.uk/make-a-referral](http://www.phoenixgroups.co.uk/make-a-referral) |
| **Data protection requirements**  All information provided in this form is confidential.  Completed forms must be sent *between* secure emails or be password protected. |
| **Some points for consideration when you discuss the group with clients**   * Do not discuss in front of partner or children * Ensure that they understand that they should not tell anyone what the group is for - this is to protect themselves and others attending. * Attendance on the programme is completely voluntary and no agency should try to persuade a client to attend a programme if they do not feel ready to, or do not want to. * Ensure that they are aware that once the referral has been received, they will be contacted by Phoenix facilitator who, for safety reasons, will ask them to identify who they are speaking to before going into detail regarding Phoenix. |

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| **Date of referral** |  |
| **Consent for referral** | Has the client actively requested to attend this programme and given informed consent to this referral? YES / NO (please delete)  Have they consented for their data to be entered onto the Phoenix waiting list which is held on a secure database? YES / NO (please delete)  Do they understand that the information stored on the waiting list will be used only for the administration of the programme, equality monitoring and quality assurance purposes? YES / NO (please delete) |

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| **First name** | | **Surname** | | **Date of birth** |
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| **Mobile phone number** | **Home phone number** | | **Safe email** (FP preferred method of contacting clients) | |
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| **Is it safe for us to contact you by email?** YES / NO (please delete) | | | | |
| **Is it safe for us to contact you on your mobile?** YES / NO (please delete) | | | | |
| **Is it safe for us to leave a message on your mobile voicemail?** YES / NO (please delete) | | | | |
| **Is it safe for us to contact you on your home phone?** YES / NO (please delete) | | | | |
| **Is it safe for us to leave a message on your home answer phone?** YES / NO (please delete) | | | | |
| **If it is not safe to leave a message, please give details of someone we can safely pass a message on to.** | | | | |
| Details | | | | |
| **Do you have children under five who need a place in the crèche?** YES / NO (please delete) | | | | |
| **Evening or daytime course preferred?** Day / Evening (please delete) | | | | |

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| **Address (include town and postcode)** |
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| **Is it safe to write to you at this address?** YES / NO (please delete) |
| **If it is not safe, please give details of a safe address we can use for mail.** |
| Details |

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| **Details of perpetrator** | |
| **Are you living with the perpetrator?** YES / NO (please delete) | |
| Name of alleged perpetrator |  |

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| **Details of children** | | | |
| **Name** | **Date of birth** | **School** | **Additional information** |
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| **Details of agencies working with client** (e.g. Children’s Social Care, School, Children’s Centre, NHS, Voluntary Agency) | | | |
| **Agency/Role** | **Name of worker** | **Telephone** | **Email** |
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| **Other information** | | | | |
| **What is your gender?** |  | | **What is your sexual orientation?** |  |
| **Do you have a disability?** YES / NO (please delete) | | | | |
| If YES, please give details | | | | |
| **What is your ethnicity?** | |  | | |
| **What is your employment status?** | | Fulltime / Part-time / Self-employed / Unemployed /  Sick or Disabled / Student / Retired / Other (please state) | | |

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| **Details of incident** | | |
| Type of incident |  | |
| Incident details |  | |
| Any other information (e.g. current situation, ongoing abuse) |  | |
| **Has a SafeLives DASH RIC been completed?** YES / NO (please delete) | | Score: |
| **Has a referral been made to MARAC?** YES / NO (please delete) | | |

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| **Details of referrer – *please ensure that agencies complete this section*** | | | |
| Agency referral 🞎 (please complete details below) | | Self-referral 🞎 | |
| **Name of referrer** | **Agency/Role** | **Telephone** | **Email (essential)** |
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