

## Hillingdon Domestic Abuse Advocacy Service (HDAAS) Referral Form

## **Notice to referrer**

This case will not be accepted until we have established safe contact with the client.

Please ensure that you receive <u>informed consent</u> from the client before you send the referral.

Please ensure you advise of the safest means of contact. We will not attempt to contact the client if this is not completed.

Please ensure you continue to share information with our service to ensure any risk is managed safely.

Name of referrer:		
Name of agency:		
Contact number:		
Email address:		
Has the client been fully informed of our service and consented to this referral?		
Are there any safety concerns for professionals lone working with the client?		
Client name:		
Date of birth:		
1.	Safe contact number:	1.
2.	Safe times to contact client?	2.
3.	Email address:	3.
4.	Is it safe to leave a voicemail, send a text or email?	4.
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Address or residing at:							
(if the client does not reside in							
Hillingdon, please refer to the IDVA	in						
their locality)							
Main language spoken: Interpreter required?							
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Self-defined ethnicity							
Self-defined gender							
Allogad Dornatrator's (AD) Dataile							
Alleged Perpetrator's (AP) Details							
Alleged perpetrator's name:							
DOB:							
Address or residing at:							
Relationship to client:							
Has the AP been arrested?							
What was the outcome of the arres	t?						
Caution/Charge/No further							
action/Bail (conditions)							
<u>Children's details</u>							
Are there children in the household							
or relationship?							
Has a Merlin Report been completed?							
Merlin ref (if known):							
Are there any child protection							
concerns? What are they?							
Name of child	DOB	M/F	School				
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## Reason for referral

Has there been a recent	
incident?	
meidene.	
When was it?	
What happened?	
What are your concerns?	
Has a DASH RIC been	
completed?	
Market and the Control of the	
Please attach it to the	
referral.	
What is the DASH risk level?	
(Standard/Medium/High)	
(0.000000000000000000000000000000000000	
Have you completed a	
referral to the DA MARAC?	
referratio the DA MANAC.	
Any other relevant	
-	
information	
(eg existing protective orders in	
place, relevant court dates	
•	
(Criminal/Family Court), other	
support being provided to the client	
and their children, are there any	
other professionals involved?)	
	Please do not disclose domestic abuse advocate's surnames.
	Please note our service provides risk assessments, safety planning, advocacy
	and support for client's experiencing domestic abuse
	Please note we do not work with perpetrators of domestic abuse.
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	Email referrals to <a href="mailto:hdaas@hillingdon.gov.uk">hdaas@hillingdon.gov.uk</a> or call 07874 620954.