**STRICTLY PRIVATE & CONFIDENTIAL**

# Agency Referral Form

|  |  |
| --- | --- |
| Your Name |  |
| Your Agency |  |
| Your Number |  |
| Your Email |  |

## Client Awareness

Is the client aware of this referral?

|  |  |
| --- | --- |
| Yes | No |

## Client Details

|  |  |
| --- | --- |
| Client's Name |  |
| Client's Address |  |
| Client's Phone Number |  |
| Client's Email |  |
| Client's Date of Birth |  |
| Safe Time to Contact |  |

## Conflict Checks

To assist with conflict checks, please provide the following details if known. Note: We will never contact the respondent or perpetrator regarding this referral, even in the event of a conflict. If a conflict does arise, we will inform you but cannot disclose further details.

|  |  |
| --- | --- |
| Name of Other Parent |  |
| Date of Birth (if known) |  |
| Address (if known) |  |
| Phone / Email (if known) |  |

## General Safety Questions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is the client living with an abuser | Yes | No | Perpetrator on police bail | Yes | No | Unknown |
| Urgent court cases within the next 7 days | Yes | No | MARAC held | Yes | No | Unknown |
| Have the client's children suffered harm | Yes | No | Local authority involved | Yes | No | Unknown |
| Active court order in place | Yes | No | Client in refuge | Yes | No | Unknown |

## Reason for Referral

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DASH/RIC needed | Yes | No | LASPO assessment required (Legal Aid) | Yes | No |
| IDVA/ISVA support | Yes | No | Buddy support required (emotional support/caseworker) | Yes | No |

## Additional Information

Any other relevant information we should know?

Please email this completed form to support@fnf-bpm.org.uk . We will contact the client within 24 hours\* for urgent cases and within 5 days\* for non-urgent cases.

\*Working days are Monday to Friday, excluding bank holidays.