**DAPP Referral Form: Assessment for Domestic Abuse Perpetrator Programme**

**Please return to:** **info@theaproject.co.uk**

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| **Please confirm if funding has been agreed for this assessment:**  |  |

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| **DATE OF REFERRAL:** |
| **Social worker details (name, team address)** | **Referrer details (if different)** |
| **Phone****Fax** | **Phone****Fax** |
| **E-mail:** | **E-mail:** |

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| **Victim’s name:** | **Perpetrator’s name:** |
| **Address:** | **Address:** |
| **Tel:** **Messages? Y/N** | **Tel:** |
| **DOB:** | **DOB:** |
| **Ethnicity:** | **Ethnicity:**  |

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| **Interpreter required? (Specify language) Y/N****Victim:****Perpetrator:** | **Literacy: (needs regarding form filling etc)****Victim:****Perpetrator** |
| **Children: (gender, age, name, d.o.b)** |
| **Previous partner details: (where relevant)****Name:****D.O.B:****Address:****Tel:** |
| **Health (mental) e.g. depression, panic attacks, suicidal ideation****Victim:****Perpetrator:** |
| **Reasons for referral: (details of relationship with client, clients relationship details, relevant incident, chronology.)** |
| **Summary of risks****Lethality risk to partner:****Risk of self-harm:****Risk to children:****Risk to staff:****Risk to others:** |

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| **Previous convictions/injunctions** |
| **Court action pending? (Date/charge)** |

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| **Other professionals involved:** |
| **Other notes / reports included:** |
| **Signature of client: (I agree to being referred to the domestic abuse perpetrator programme. I have discussed it with the referrer, detailed below, and they have explained the reasons for the referral with me.)** **Signed:****Print Name:** |
| **Signature of referrer:** **(I have discussed this referral with my client, detailed above).****Signed:****Print Name:** |

**As the professional referring the individual please indicate that you have sought consent from the client prior to referral**

**Client agrees to take part in the A Project DAPP programme and understands that their case is confidential, however it will be necessary for the organisation to discuss their case details with other partners/agencies involved for the benefit of information sharing.**

**If we have any concerns about a current or ex partner’s behavior, we shall contact services involved in order to support keeping yourself and your children safe. This information is kept separate and strictly confidential from any current or ex partners who are accessing the programme.**

**The client understands that there is a parallel service for their partner/ex partner/family where discussions will take place with those involved, and agree that they will not interfere.**

**We will retain your personal data for as long as necessary for all required services to be provided to you. All retained personal data is subject to the controls of our data protection policy and will be securely disposed of when it is considered to be of no further use.**

**The information is stored on our CRM software, which is a secure electronic system we use to record our work with clients. It helps us stay in contact with you and other people that support you, as well as comply with the law in terms of best practice.**

**Does the client give their consent to the above? Y/N**