**Important Information, please read before completing this form**:

This form, when completed will contain personal information (data) including special category (sensitive) data. You are required to comply with **General Data Protection Regulations** in the processing (including storage & retention) of this data. Please refer to your internal Data Protection Policy. [The Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf). [Article 5 of the GDPR](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/) sets out seven key principles which lie at the heart of the general data protection regime.

It is the responsibility of the referring agency to comply with GDPR and the seven key principles. Compliance within the spirit of these key principles is a fundamental building block for good data protection practice. It is also key to your compliance with the detailed provisions of the GPDR. Failure to comply with the principles may leave you open to substantial fines.

The **purpose** of a referral to BCWA is to provide only the relevant information required to enable the service to process the personal data and have adequate information necessary to enable safe contact with the victim of domestic abuse. The form also serves to share information that is relevant & proportionate to the risk and may include details of incidences of abuse & sensitive information that informs the risk assessment. Thus, removing the necessity for the victim of domestic abuse to repeat their story where possible.

**Please note the referral will be sent back if it is not completed in full.**

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| **Agency information** | | | |
| **Agency Referral: Yes ☐ No ☐** | **Self-Referral :** **Yes ☐ No ☐** | **Signposted to BCWA :** **Yes ☐ No ☐** | |
| **Contact name/ Signposted by:** |  | **Contact Telephone:** |  |
|  |  | | |
| **GP Surgery** |  | | |

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| **Client Previously Known to BCWA?** | **YES☐☐☐775519☐☐** | **NO ☐** | **Date:** | **Previous Risk:** |

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| **Client information** | | | | | | | | | | | | |
| **Date of referral:** |  | | | | | **Form completed by:** | | |  | | | |
| **Client Details** | | | | | | | | | | | | |
| **Client name:**  Mr/Mrs/Miss/Ms |  | | | | | **Date of birth:** | | |  | | | |
| **Landline:**  **Mobile:** |  | | | | | **Address:**  **Postcode:** | | | **Safe to write: Yes/No** | | | |
| Safe to call:  **Yes ☐ No☐** | Safe to Text **Yes ☐ No☐** | | | Safe to Leave VM **Yes ☐ No☐** | |
| **Religion** |  | | | | | **Ethnicity** | | |  | | | |
| **Nationality** |  | | | | | **Sexuality** | | |  | | | |
| **Disability** |  | | | | | **Gender** | | |  | | | |
| **Marital Status** |  | | | | | **Caring Status** | | |  | | | |
| **Perpetrator information** | | | | | | | | | | | | |
| **Perpetrator name** | |  | | | | | | **Date of birth:** | |  | | |
| **Relationship to client:** | |  | | | | | | **Parental Responsibility?** | | **Yes ☐ No ☐** | | |
| **Address:** | |  | | | | | | | | | | |
| **Additional risks/concerns:** | |  | | | | | | | | | | |
| **Children and Family** | | | | | | | | | | | |
| Name of child | | M/F | | | Date of Birth | | | Living with client (Y/N) | | School/College/Nursery | | |
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| **Reason for the referral** | | | | | | | | | | | |
| **Crime reference no.** | | |  | | | | | | | | |
| **Type of case:** | | | **Historic ☐ Current☐** | | | | **Police investigation?** | | | | **Yes ☐ No☐** |
| **Adult or child when incident occurred?** | | | **Adult ☐ Child ☐** | | | | **Criminal justice case?** | | | | **Yes ☐ No☐** |
| **What is the main reason for the referral to Black Country Women’s Aid?**  (Please tell us about the most recent incident) | | | | | | | | | | | |

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| **Initial risk assessment** | | | | | | |
|  | **Yes/No/Don’t Know** | | | **Risk** | | |
| Are there any alcohol/drug  dependency? | Yes ☐ | No ☐ | Don’t know ☐ | High ☐ | Medium ☐ | Low ☐ |
| Are there any other issues that have been flagged, i.e. eating disorders? | Yes ☐ | No ☐ | Don’t know ☐ | High ☐ | Medium ☐ | Low ☐ |
| Are there any mental health Issues? | Yes ☐ | No ☐ | Don’t know ☐ | High ☐ | Medium ☐ | Low ☐ |
| Are there any risk issues to self or others (suicidal ideation)? | Yes ☐ | No ☐ | Don’t know ☐ | High ☐ | Medium ☐ | Low ☐ |
| Has the client undertaken counselling before anywhere? | Yes ☐ | No ☐ | Don’t know ☐ | High ☐ | Medium ☐ | Low ☐ |

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| **Consent and Confidentiality** | | | | | |
| Has the client consented to you making this referral on their behalf? | | | Yes ☐ | | No ☐ |
| **If the client has not consented:** | | | | | |
| Public interest grounds for sharing information without consent | | | State: | | |
| **Balancing exercise:** | | | | | |
| Information is relevant? ☐ | | | | Information is proportionate ☐ | |
| Information is adequate & necessary to achieve the purpose ☐ | | | | | |
| Sharing this information will NOT significantly increase risk to the client/family ☐ | | | | | |
| **Data protection:** | | | | | |
| If sensitive information is disclosed in this form, grounds for disclosure without consent: | | | | | |
| Safeguarding ☐ | Other ☐ | State: | | | |

**Due to having personal information on this form, this should be sent through secure email to:** [ISVA@sandwellwa.cjsm.net](mailto:ISVA@sandwellwa.cjsm.net)

**(NB: Emails sent to his address via a Non-compatible secure email address will bounce back)**

**Non secure emails MUST be sent password protected with password sent in a *separate* email to:** [ISVAreferrals@blackcountrywomensaid.co.uk](mailto:ISVAreferrals@blackcountrywomensaid.co.uk)