

**AGENCY REFERRAL FORM**

Information to be provided by professional agencies seeking to make a referral

Please return all forms to: info@assistni.org.uk or info@assistni.cjsm.net

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| **Organisation referring**  |  |
| **Name of person referring & contact number or email**  |  |
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| **Client name** Forename, surname |  |
| **Client age** including date of birth |  |
| **Client address** including post code |  |
| **Safe phone number:** In the instance of a child under 18yrs or an adult at risk, the safe phone number of a designated appropriate adult |  |
| **Nationality, ethnicity and first language**. Where English is not the first language, please indicate whether English is spoken or whether an interpreter is required |  |
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| **Abuse details:**Date abuse **reported** to PSNIand date abuse **occurred** |  |
| Abuse description (domestic, sexual or domestic & sexual) |  |
| Level and description of injury (if applicable) |  |
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| Additional Client Information/potential compounding factors: | Drug/alcohol/mental health issues/pregnancy. |
| Physical/learning or communication difficulties. |
| **PSNI Referrals only:** For all domestic offences - Public Protection Notice details as below: |  |
| Repeat victim / Repeat perpetrator? |  |
| Child or young person (<18) present (not including the victim)? |  |
| Relationship to perpetrator? |  |
| Officer and/or Supervisor DASH assessment grading at first attendance? |  |
| Occurrence number |  |
| Investigating Officer and contact phone number and/or email |  |
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