Halton Domestic Abuse Forum
Sanctuary Scheme Referral

NOT FOR DISCLOSURE

DETAILS OF REFERRER:			
NAME:		ADDRESS:	
JOB TITLE:			
ORGANISATION:			
CONTACT NO:		POSTCODE:	
AVAILABILITY:	Contact times from to	EMAIL:	@
DATE OF REFERRAL COMPLETED AND SENT TO HADWAH:		/ /20 Copied to Housing Provider ( )	
IN MY ABSENCE PLEASE CONTACT:			
NAME:			
JOB TITLE:		AVAILABILTY:	Contact times from to
EMAIL:	@	NOTES:	

DASH ASSESSMENT:	
Has a DASH assessment been completed?	YES ( ) NO ( )
If YES, what level of risk has been identified?	HIGH ( )
	MEDIUM ( )
	STANDARD ( )
Has the client been referred to MARAC?	( ) ( )
	DON'T KNOW ( )
Who carried out the DASH assessment?	

NAME :		JOB TITLE:	
ORGANISATION:		CONTACT NO:	

DETAILS OF CLIENT:			
NAME:		HOME TEL:	
DATE OF BIRTH:		MOBILE TEL:	
ADDRESS: PERMANENT ADDRESS WHERE THE WORKS ARE REQUIRED		ALTERNATIVE ADDRESS:	
POSTCODE:		POSTCODE:	
EMAIL:	@	AVAILABILITY:	Contact times from to

CHILD(REN) LIVING WITH CLIENT:			
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	

OTHER HOUSEHOLD MEMBERS:			
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	
NAME:		DATE OF BIRTH:	

DOES THE CLIENT OR ANYONE IN THE HOUSEHOLD HAVE ANY DISABILTY OR SPECIAL REQUIREMENTS? If yes, please describe:
IS A PASSWORD TO BE USED BY THE FITTER?   YES 〔 〕 NO 〔 〕 If yes, state what password to be used:
DOES THE CLIENT REQUIRE ANY SUPPORT DURING THE FITTING? If yes, please descibe:

Preferred Method of Contact (delete as appropriate)		
Letter Only	YES	NO
Phone Only	YES	NO
Visit Only	YES	NO
All of the above	YES	NO

ACCOMODATION:			
PROPERTY TYPE:	GROUND FLOOR FLAT 〔 〕 UPPER FLOOR FLAT 〔 〕 BUNGALOW 〔 〕 TERRACE 〔 〕 SEMI-DETACHED 〔 〕 DETACHED 〔 〕		
TYPE OF TENURE:	OWNER /OCCUPIER	PRIVATE RENTED	REGISTARED SOCIAL LANDLORD
LANDLORD / ESTATE OFFICER/ HOUSING PROVIDER WHO CAN APPROVE THE WORKS IF APPROPRIATE (IF APPLICABLE)			
NAME:		ADDRESS:	
CONTACT TEL:		POSTCODE:	
EMAIL:	@	AVAILABILTY:	
DO THEY NEED TO ATTEND THE PROPERTY BEFORE GRANTING APPROVAL? (No works can be undertaken without the expressed approval of the owner of the property) YES 〔 〕 NO 〔 〕			

DETAILS OF PERPETRATOR
DOES THE PERPETRATOR HAVE LEGAL ACCESS TO THE PROPERTY? YES 〔 〕 NO 〔 〕

FURTHER INFO:

HAS THE CLIENT SOUGHT LEGAL REMEDIES?   YES [ ]   NO   [ ]
If so, please give details:

Expiry date:

HAS THE VIOLENCE BY THE PERPETRATOR BEEN REPORTED?   YES [ ]   NO [ ]

Who was it last reported to and when?

DOES THE PERPETRATIOR LIVE NEAR BY?   YES [ ] NO [ ]

DOES THE PERPETRATOR HAVE FRIENDS / FAMILY LIVING NEAR THE CLIENT?
                                                         YES [ ]   NO [ ]
If yes, are they hostile?

DOES THE PERPETRATOR HAVE PREVIOUS HISTORY / WARNING SIGNS FOR
WEAPONS/ DRUG USER / MENTAL HEALTH ISSUES?
                                                         YES [ ]   NO [ ]
If yes, please provide details:

NAME:		ADDRESS:	
DATE OF BIRTH:	/ /		
OTHER INFO:		POSTCODE:	

It is not reasonable for this person to continue to occupy her / his accommodation, as it is probable that this will lead to domestic violence against her / him or against a person who will normally reside with her / him.

BACKGROUND INFORMATION
(Please include any threats made by the perpetrator against the client and property)

LAST KNOWN CONTACT WITH THE PERPERATOR:

ARE THERE ANY PETS AT THE PROPERTY?

INFORMATION SHARING (DATA PROTECTION)

*I (name of client)………………………………………….. have no objection to the details contained on
form being passed to other agencies and understand that I may be contacted by other agencies
with regard to my entitlement to safety and security improvements.
Signed…………………………………Date……………………………………………………*

*I (name of client) …………………………………..object to my details being shared and
understand that by doing so safety and security measures cannot be installed at the property.
Signed…………………………………Date……………………………………………………*

*I (name of professional) …………………………..have explained the information sharing and
data protection , I confirm that (name of client)…………………………………..has verbally agreed
that they have no objection to the details contained on this form being passed to other agencies
and understand that I may be contacted by other agencies with regard to my entitlement to
safety and security improvements.
Signed…………………………………Date……………………………………………………*

IS THIS APPLICATION FOR SANCTUARY APPROVED?

If yes,

A copy of this referral form should be sent to the Halton Domestic Abuse Service.
(generic e-mail address required / contact telephone number)

Date sent:	

**IF APPLICABLE, PLEASE STATE REASONS WHY REFERRAL NOT APPROVED FOR THE
SANCTUARY SCHEME (Please make recommendations)**

6