



## Safe Haven Referral Form & Risk Assessment

Only persons fitting the following criteria are eligible for referral to the Safe Haven support service:

- Any person who has been affected by domestic abuse and is aged over 18 and a Bolton resident
  - Any person aged 16 to 21 who is being referred into the Young Persons Violence Advisor service
  - Any person residing within the domestic abuse dispersed properties within the borough of Bolton
  - Any person who is leaving refuge and needs assistance in resettling within their new community
- E-mail: [Safehaven@endeavourproject.org.uk](mailto:Safehaven@endeavourproject.org.uk) Tel: 01204 394842

**ALL THE INFORMATION ON THIS FORM SHOULD BE COMPLETED AS FULLY AS POSSIBLE**

<b>Date of Referral</b>			
<b>Name of Person Referring</b>			
<b>Agency Referring Name, Address, Telephone Email address</b>			
<b>Referring to :</b>	Safe Haven <input type="checkbox"/>	YPDVA <input type="checkbox"/>	
<b>Relationships to Perpetrator/s i.e. x partner, family member etc.</b>			
<b>Reason for Referral</b>			
<b>What are the victim's greatest priorities to address their safety?</b>			
<b>Is this a repeat referral?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Date when last referred to Safe Haven</b>
<b>Has a MARAC referral been completed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>MARAC score</b>
<b>Have you made a referral in to MARAC</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Has the victim been referred to any other MARAC previously?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes give details

<b>Additional Risk Factors to inform lone working</b>	Lives with perpetrator Yes <input type="checkbox"/> No <input type="checkbox"/>	Perpetrator visits property Yes <input type="checkbox"/> No <input type="checkbox"/> D/K <input type="checkbox"/>	
	Mental Health issues Yes <input type="checkbox"/> No <input type="checkbox"/>	Drug use Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Violence from client Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol issues Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Has there ever been a threat of arson</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Has a referral been made to GM Fire Service?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Information for Person you are referring:</b>			
<b>Name:</b>			
<b>Address including postcode</b>			
<b>If this address is temporary whose property is this e.g. new partner, family member etc.</b>			
<b>If the above address is temporary, please give details of the victim's last permanent address.</b>			
<b>Originating Borough:</b>			
<b>Telephone contact number:</b>			
<b>Is it safe to contact? If not provide safe contact details/provide a code word if applicable</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>National Insurance No</b>		<b>Sexual orientation:</b>	
<b>Ethnicity:</b>		<b>Religion:</b>	
<b>Interpreter needed</b>		<b>Languages spoken</b>	
<b>Immigration Status</b> (e.g. asylum seeker, refugee, spousal visa with NRPF, ILR)			
<b>Nationality</b>			
<b>Occupation:</b>			
<b>Is this person currently employed? (If yes, provide details)</b>			
<b>GP details:</b>			
	<b>Agency</b>	<b>Name</b>	<b>Contact Details</b>
<b>Is the person referred working with any other agency- please provide details</b>	<b>Lewis House - Children's Transition Workers</b>		
	<b>Housing officer</b>		
	<b>Tenancy Sustainment Officer</b>		
	<b>Social worker</b>		
	<b>Health Visitor/Midwife</b>		
	<b>Family support worker</b>		



<b>Which of the children listed above permanently reside at the victim's address:</b>							
<b>Who has parental responsibility for each of the above children?</b>							
		<b>Brief Details</b>					
<b>Has Early Help/Safeguarding started?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Is there an Early Help Form already opened? If so, who is the Lead Professional (to find out, ring 01204 331394)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Are any children part of Child protection or child in need proceedings</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Court orders relating to children:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Please complete the questions below with as much information as possible</b>							
		<b>Brief Details</b>					
<b>Discretionary Housing Payments</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Local Welfare Provision</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Benefits applied for or in receipt of</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>						