



Safe Haven & Haven Referral Form & Risk Assessment

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

- Any person who has been affected by domestic abuse and is aged over 21 and a Bolton resident (Any person aged 16 to 21 needs to be referred to the Young Persons service please email to request a referral form)
- 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: linda.charnock@endeavourproject.org.uk Tel: 01204 394842

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

Date of Referral			
Name of Person Referring			
Agency Referring			
Address			
Telephone			
Email address			
Referral to Safe Haven Project			
Referral to Haven Project			
Relationships to Perpetrator/s i.e. ex-partner, family member etc.			
Is this a repeat referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date when last referred to Safe Haven / Haven
Has this case ever been referred to MARAC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date the case was heard at MARAC
Additional Risk Factors to inform lone working	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What are the risks to lone working -
	Mental Health issues Yes <input type="checkbox"/> No		Drug use Yes <input type="checkbox"/> No <input type="checkbox"/>
	Violence from client Yes <input type="checkbox"/> No		Alcohol issues Yes <input type="checkbox"/> No <input type="checkbox"/>
Has there ever been a threat of arson	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has a referral been made to GM Fire Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Information for the Person you are referring:			
Name:			
Address including postcode			
Telephone contact number:			
Email address			
If this address is temporary whose property is this e.g. new partner, family member			
If the above address is temporary, please give details of the victim's last permanent address.			
Originating Borough:			
Is it safe to contact? If not provide safe contact details/provide a code word if applicable			
Date of Birth:		Gender:	
National Insurance No		Sexual orientation:	
Ethnicity:		Religion:	
Interpreter needed		Languages spoken	
Immigration Status (e.g. asylum seeker, refugee, spousal visa with NRPF, ILR)			
Nationality			
Occupation:			
Is this person currently employed? (If yes, provide details)			
GP details:			

Reason for Referral			
What are the victim's greatest priorities to address their safety?			
Is the person referred working with any other agency- please provide details	Agency	Name	Contact Details
Have you referred this person to Safeguarding?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Consent			
Does the person referred know you have made this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Alleged Perpetrator			
Name:			
Alias (known as)			
DOB			
Ethnicity:			
Address:			
Relationships to victim:			
Alcohol or drugs involved?	Alcohol <input type="checkbox"/>	Drugs <input type="checkbox"/>	
Is the perpetrator currently employed? (If yes, provide details)			

Children: Name	DOB	Sex	Relationship to victim	Relationship to perpetrator	Address	School

Which of the children listed above permanently reside at the victim's address:

Who has parental responsibility for each of the above children?

Brief Details

Has Early Help/Safeguarding started? Yes No

Is there an Early Help Form already opened? If so, who is the Lead Professional (to find out, ring 01204 331394) Yes No

Are any children part of Child protection or child in need proceedings Yes No

Court orders relating to children: Yes No

Please complete the questions below with as much information as possible

Brief Details

Discretionary Housing Payments Yes No

Yes No

Local Welfare Provision		
Benefits applied for or in receipt of	Yes <input type="checkbox"/> No <input type="checkbox"/>	