

**Date of Referral**:

**Return by email to:** **referrals@risingsunkent.com** **using password protection**

To password protect a word document, go to ‘File’ in the upper left hand corner, locate the icon labelled ‘Protect Document’ and click the dropdown menu. Then click ‘Encrypt with Password’ and follow the instructions. Please ensure to send the password in a separate email to the referral. Alternatively you can call our helpline to give the password.

***The Rising Sun Domestic Abuse Service*** is a charity in Kent addressing domestic abuse and providing services for adults, children and families. We seek to provide clients experiencing current or historical abuse with trauma informed emotional support, safety planning advice and the tools to develop healthy future relationships.

Please note that this is an **adult** referral form- to refer a child or young person (aged 5-24 years), please use the **CYP** referral form found in the referrals section of our website.

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| 1. **SERVICES CLIENT WOULD LIKE TO ACCESS** : If in doubt please do call our helpline (01227 452 852) to speak to a member of our team about the most appropriate service/s
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| ***Group or 1:1?*** | ***Type of support*** | ***Areas in which the service runs (clients must be living in these areas to access support)*** | ***Please click box to cross*** |
| **1:1** | **Adult Outreach/IDVA Service:** Domestic Abuse advocacy, advice and safety support for adults age 25+ | Canterbury, Folkestone & Hythe, Ashford | [ ]  |
| **1:1** | **High Support Needs IDVA Service:** Domestic Abuse advocacy, advice and safety support for individuals with complex needs such as drug and alcohol use, homelessness and risk of homelessness.  | Canterbury, Folkestone & Hythe, Ashford | [ ]  |
| **Group** | **Phoenix Programme:** Women only group to empower survivors through providing peer support, understanding about the dynamics of domestic abuse, healthy relationships and boundaries**If referring a client who doesn’t live in Canterbury, please see:**https://www.phoenixgroups.uk/make-a-referral | Canterbury only  | [ ]  |
| **Group** | **Own My Life:** Women only group to help women who have been subjected to abuse to regain ownership of their lives, including owning our mind, body, choices, relationships, world, feelings. | Canterbury only  | **☐** |
| **The following support options are only available where the abusive relationship has ended** **and perpetrator is no longer in the household:** |
| **Group** | **Family Now:** Women-only group to empower survivors with children, focusing on how domestic abuse can affect parenting, to help understand healthy relationships and support for improving ways of resolving conflict. | Canterbury and Ashford  | [ ]  |
| **1:1** | **1:1 Adult counselling (Women only)**  | Based in Canterbury but also available to clients in Ashford and Folkestone & Hythe willing to travel  | [ ]  |
| **OTHER: (please state)**  | [ ]  |

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| 1. **Agency / Referrer Details**
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| Referring agency: |
| Contact Name: | Contact Role: |
| Contact Number: | Contact Email: |
| Please cross box if Self-Referral [ ]  | If Self-Referral, where did you hear about this service? |

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| 1. **Client/s Details**
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| NAME OF Client/s: ON TRACK NUMBER: \*If internal RS referral\* | D.O.B: | Age: | Gender: | Ethnicity: |
| Main Phone Number: | Safe to phone:Yes [ ]  No [ ]  | Safe to leave a voicemail: Yes [ ]  No [ ] Safe to text:Yes [ ]  No [ ]  | Safe time to call/text:  |
| Other Phone Number: | Safe to phone: Yes [ ]  No [ ]  | Safe to leave a voicemail: Yes [ ]  No [ ] Safe to text:Yes [ ]  No [ ]  | Safe time to call/text: |
| Name of Parent/Carer if applicable (i.e. client is a child):  | DOB: | Age:  | Gender: |
| For this referral, please contact: (cross one) CYP directly [ ]  Parent/ Carer [ ]  |
| Client Address (inc. postcode):  | Permission to write: Yes [ ]  No [ ] Safe to write: Yes [ ]  No [ ]  |
| Current District/ Area: Ashford [ ]  Canterbury [ ]  Folkestone & Hythe [ ]  Swale [ ]  Other - Please specify:  | Local Authority of origin (if different):  |
| School/college and contact details: (if applicable) |
| Safe email address: **(this is how we will update client on referral so please include, must be an email account the perpetrator does NOT have access to)** | Safe to send an email: Yes [ ]  No [ ]  |
| **Client’s Children: (if applicable)**  | **School & school contact details****(please ensure to include esp. if child is being referred for support)** | **D.O.B+Age** | **Gender** |
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| 1. **Client support needs**
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| **Does this client consider themselves to have any kind of disability?** Yes [ ]  No [ ]  Don’t Know [ ]  *If yes, please give details:* |
| **Does this client have any accessibility requirements? (for example, hearing loop, braille documents)**Yes [ ]  No [ ]  Don’t Know [ ]  *If yes, please provide details:* |
| **Does this client require an interpreter?**Yes [ ]  No [ ]  Don’t Know [ ]  *If yes, please provide details:* |
| **Does this client have a preference between face to face or remote support?** Prefer remote [ ]  Prefer face to face [ ]  No preference [ ]   |

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| 1. **SAFETY & BACKGROUND ABUSE INFO**
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| Is the client currently living with the abuser? | Yes [ ]  | No [ ]  | Don’t know [ ]  |
| Is the parent of client currently in an abusive relationship? (If applicable) | Yes [ ]  | No [ ]  | Don’t know [ ]  |
| Is the young person currently in an abusive relationship? (If applicable) | Yes [ ]  | No [ ]  | Don’t know [ ]  |
| Do the children have contact with the alleged perpetrator? (If applicable) | Yes [ ]  | No [ ]  | Don’t know [ ]  |
| ***If yes, please clearly state current situation and any court orders either in place or pending (use separate sheet if necessary*** |

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| 1. **INFORMATION ABOUT ALLEGED PERPETRATOR – required for safety reasons**
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| Name of alleged perpetrator: DOB:Relationship to client: | Current Address: Post Code:  |
| **Is the client seeking support around:** Historic abuse [ ]  Current abuse [ ]  Historic & current abuse [ ]  |

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| 1. **REASON FOR REFERRAL: Please also include any safety concerns, especially around making initial contact.**
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| 1. **Client consent**
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| **Has this referral been discussed with the client?**Yes [ ]  No [ ]   |
| **Has the client consented to this referral?**Yes [ ]  No [ ]   |