### Supporting Women to Believe in Themselves

| Women’s Information | |  | |
| --- | --- | --- | --- |
| Name | |  | |
| Address | |  | |
| Date of Birth | |  | |
| Telephone Number | |  | |
| Email Address | |  | |
| SAFE TO CONTACT – please tell us if there are any specific times, methods of contact that should be used | |  | |
| RIC Score and Date of Completion (if completed) | |  | |
| Who completed RIC | |  | |
| Perpetrators Information | |  | |
| Name | |  | |
| Address (if known or area) | |  | |
| Date of Birth | |  | |
| Gender | |  | |
| Children’s Information | |  | |
| Name | |  | |
| Date of Birth | |  | |
| Name | |  | |
| Date of Birth | |  | |
| Name | |  | |
| Date of Birth | |  | |
| **Flag significant concerns re. children** | |  | |
| BRIEF OUTLINE OF SITUATION & LIVING ARRANGEMENTS | | | |
| Reasons for referral / Details of Incident / Prompting Referral / History of relationship, Safety concerns for staff and or Service User etc. | | | |
|  | | | |
| AGENCY/REFERRER INFORMATION. | | | |
| **Do you have the client’s consent to make this referral?** | |  | |
| Name of Referrer | |  | |
| Designation | |  | |
| Organisation | |  | |
| Contact Details | |  | |
| ***AGENCY REFERRAL PLEASE provide the additional information below:*** | | | |
| Ethnicity | |  | |
| Languages spoken | |  | |
| Translator required | |  | |
| Immigration issues (any concerns?) | |  | |
| Drug / alcohol / mental health issues | |  | |
| Disability / literacy or numeracy difficulties | |  | |
| **SIGNIFICANT CONCERNS FLAG?**  **(staff safety issues / serial or repeat perpetrator / suitable times to call / HBV / suicide or self harm concerns / MARAC Case)** | |  | |
| Social Work Involvement | |  | |
| Is there Social Work Involvement | |  | |
| Reason | |  | |
| Name of Social Worker | |  | |
| Telephone Number | |  | |
| Staff Information | |  | |
| Database Number | |  | |
| Date Logged | |  | |