



Rotherham Rise  
Outreach Referral Form

Return completed form  
Secure Email: [outreach.rwr@rothwr.cjsm.net](mailto:outreach.rwr@rothwr.cjsm.net)  
Email: [enquiries@rotherhamrise.org.uk](mailto:enquiries@rotherhamrise.org.uk)

Date:
Referred by:
Agency:
Your contact details:
<b>Client Details</b>
Name:
Alternative Name (AKA):
DOB & Age:
Gender Identity:
Current Address:
Is it safe to write to the address above? <b>Yes OR No</b>
Alternative Address:
Is it safe to write to the address above? <b>Yes OR No</b>
Mobile Telephone Number:
Is it safe to contact the client via the number above?
Code word/safe time to call:
Telephone Number:
Is it safe to contact the client via the number above?
Code word/safe time to call:

Ethnicity
Religion
Language(s) spoken
Translator required? <b>Yes</b> OR <b>No</b>
Immigration status and any concerns
Sexual orientation
Economic Status
Does the client have an upcoming court case? <b>Yes</b> ( <i>please give brief description</i> ) OR <b>No</b>
Is the client pregnant, if yes please give due date? <b>Yes</b> OR <b>No</b> OR <b>Not Applicable</b>
<b>Support</b>
<b>Service area required</b> ( <i>please cross out the ones not needed</i> )
<ul style="list-style-type: none"> <li>- Domestic Abuse Floating Support</li> <li>- Domestic Abuse Floating Support Black Minority Ethnic Refugee</li> <li>- Young Persons Domestic Abuse Support</li> <li>- Group Work</li> <li>- Post CSE support: Project Survive</li> <li>- Counselling</li> <li>- Up2U</li> </ul>
<b>Support needed:</b> ( <i>please cross out the ones not needed</i> )
<ul style="list-style-type: none"> <li>- Risk Assessment &amp; Safety Planning</li> <li>- Emotional Support</li> <li>- Housing</li> <li>- Understanding of impact of DA</li> <li>- Benefits</li> <li>- Group Work</li> <li>- Debts</li> <li>- Access to language line/interpreter</li> <li>- Family Support</li> <li>- Other</li> </ul>
Brief description of why client requires Rotherham Rise support:
<b>Perpetrator - Partner / ex-partner / family member Details</b>

Name:
Alternative Name (AKA):
DOB & Age:
Gender Identity:
Current Address:
Are there any issues with... <i>(please cross out the ones not applicable)</i>
<ul style="list-style-type: none"> <li>- Drug</li> <li>- Alcohol</li> <li>- Mental health issues</li> <li>- Diagnosis</li> <li>- Treatment</li> <li>- Disability</li> <li>- literacy or numeracy difficulties</li> </ul>
Ethnicity:
Religion:
Language(s) spoken:
Translator required? <b>Yes OR No</b>
Is the he/she pregnant, if yes please give due date?? <b>Yes OR No OR Not Applicable</b>
Immigration status and any concerns:
SIGNIFICANT CONCERNS FLAG (e.g. staff safety issues / serial or repeat perpetrator /suitable times to call client / suicide or self-harm concerns / MARAC case):
<b>Children Details</b>
Living arrangements and address of children (if different to client details above)
CYPS involvement: <b>Yes OR No</b>
Describe CYPS involvement:

Flag significant concerns regarding children:

Child 1

Name:

Female/Male:

DOB & Age:

Is (ex-) partner parent of child / unborn baby? (if not, state who parent is):

Does (ex) partner have PR? **Yes** OR **No** OR **Not Applicable**

School:

Child 2

Name:

Female/Male:

DOB & Age:

Is (ex-) partner parent of child / unborn baby? (if not, state who parent is):

Does (ex) partner have PR? **Yes** OR **No** OR **Not Applicable**

School:

Child 3

Name:

Female/Male:

DOB & Age:

Is (ex-) partner parent of child / unborn baby? (if not, state who parent is):

Does (ex) partner have PR? **Yes** OR **No** OR **Not Applicable**

School:

Child 4

Name:

Female/Male:
DOB & Age:
Is (ex-) partner parent of child / unborn baby? (if not, state who parent is):
Does (ex) partner have PR? <b>Yes OR No OR Not Applicable</b>
School:
<b>Child 5</b>
Name:
Female/Male:
DOB & Age:
Is (ex-) partner parent of child / unborn baby? (if not, state who parent is):
Does (ex) partner have PR? <b>Yes OR No OR Not Applicable</b>
School:
<b>Rotherham Rise will require written or verbal consent to contact any support agencies involved prior to accepting the referral.</b>
I (Service user's name) _____ give permission to Rotherham Rise to contact appropriate agencies to enable them to assess my suitability for the service.
Signed (Signed):
Date:
Verbal consent given, Signed Referrer:
Date:

Return completed form :  
Secure Email: outreach.rwr@rothwr.cjism.net

Rotherham Rise: provide help and support for survivors of domestic abuse and sexual exploitation.  
Rotherham Rise is a Charity registered in England & Wales: no. 1141699

Email: [enquiries@rotherhamrise.org.uk](mailto:enquiries@rotherhamrise.org.uk)