



Referral Form

t: 0330 2020571

w: RotherhamRise.org.uk

Rotherham Rise is a Charity registered in England & Wales: no. 1141699

Return completed form

If you have access to CJSM

Secure **Outreach** Email: outreach.rwr@rothwr.cjsm.net or

Secure **Refuge** Email: refuge.rwr@rothwr.cjsm.net

Only emails sent from a secure email address will be accepted by the cjsm.net address.

Otherwise: Email: enquiries@rotherhamrise.org.uk.

! Referral Information:

Agency Name	Referred By	Phone	Email	Date
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Service Area Required:

Domestic Abuse: 1-1 Support	Group Work	CSE Counselling
Domestic Abuse BAME: 1-1 Support	Post CSE: 1-1 support	Refuge accommodation
Young Persons Domestic Abuse: 1-1 Support	Up2U Programme specific (healthy relationships)	

! Client Information:

Client Name	AKA name	Date of Birth	Age	Gender Identity
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! If the client is under 16 years...

Legal Guardian's Name	Legal Guardian's Relationship to Child	Legal Guardian Contact Number(s)
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Client Address	Postcode	Town
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! Is this address safe to write to?	Yes	No	Tenancy Type
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Alternative Address	Postcode	Town
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! Is this address safe to write to? Yes No

Telephone	! Is this number safe to use?	Yes	No
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Mobile	! Is this number safe to use?	Yes	No
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Safe telephone / mobile	Other useful tel no.
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Code word/safe time to call

Email: 📘 Is this email safe to use? Yes No

Ethnicity: White White Irish Mixed Indian Pakistani/Kashmiri Chinese
Other Asian Black African Black Other Arab Other

Religion: NA/No Religion Christian Muslim Hindu Sikh Buddhist Other

Describe relationship and living arrangements (e.g. on/off; client lives at mum's/(ex) partner stays over occasionally etc.)

Are there any drug, alcohol, mental health issues, diagnosis and/or treatment we should be aware of.

Are there any disability, literacy and/or numeracy difficulties we should be aware of.

Describe employment (e.g. occupation / unemployed / in training or education / financial status / benefits). **include addresses & contacts**

Language(s) spoken: English Urdu Punjabi Polish Czech Slovak

Other language: Translator required? Yes No

Immigration status and any concerns

Housing Status Economic Status

Sexual orientation: Heterosexual Homosexual Bisexual Asexual
Pansexual Androsexual Gynesexual Other

Does the client have an upcoming court case? Yes, if yes please describe below or No

Brief description of why client requires Rotherham Rise support

Support needs

- | | | |
|--|--------------------------|----------------------------|
| Safety & Legal Issues | Housing related issues | Group work |
| Family & Children | Health and wellbeing | Confidence and Self esteem |
| Domestic Abuse & Child Sexual Exploitation | Money, work and learning | Counselling |

SIGNIFICANT CONCERNS

(Safety of staff – risk identified to lone working and home visits / suicide or self-harm concerns / harm to others / MARAC case)

Alleged Perpetrator Information:

Name	AKA name	Date of Birth	Age	Gender Identity
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Address	Postcode	Town
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Relationship to client

Are there any drug / alcohol / mental health issues / diagnosis / treatment we should be aware of.

Are there any Disability / literacy or numeracy difficulties we should be aware of.

Describe employment (e.g. occupation / unemployed / in training or education / financial status / benefits)

Other relevant information

Ethnicity:	White	White Irish	Mixed	Indian	Pakistani/Kashmiri	Chinese
	Other Asian	Black African	Black Other	Arab	Other	

Religion:	NA/No Religion	Christian	Muslim	Hindu	Sikh	Buddhist	Other
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Language(s) spoken:	English	Urdu	Punjabi	Polish	Czech	Slovak
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Other language:						Translator required?	Yes	No
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Immigration status and any concerns

Any Injunctions or orders?

! Children's details:

	Child 1		Child 2		Child 3		Child 4	
Full Name								
Gender (F/M)	Female	Male	Female	Male	Female	Male	Female	Male
DOB/ Age								
Is (ex-) partner parent of child? (if not, state who parent is)								
Does (ex) partner have PR?								
School								

Details of Additional Children if applicable:

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Is the client pregnant?

Yes Is (ex-) partner parent of unborn baby? (if not, state who parent is)
No Due date

Living arrangements and address of children
(if different to client details above)

CYPS involvement
(if Yes, please describe)

🚩 Flag significant concerns regarding children

Rotherham Rise requires written or verbal consent to contact any support agencies involved prior to accepting the referral.

I (service user) give permission to Rotherham Rise to contact appropriate agencies to enable them to assess my suitability for the service.

! WRITTEN CONSENT

CLIENT: To sign: sign or type your name

REFERRER: To sign: sign or type your name

Date:

Date:

! VERBAL CONSENT

Tick here

if verbal consent was given by the client to the referrer above.

! LEGAL GUARDIAN CONSENT (UNDER 16YRS OLD)

Tick here

if verbal consent was given by the legal guardian of the client to the referrer above.

Using personal information

Personal information which has been supplied by your referral agency to Rotherham Rise used for:

- Assessing your support needs
- It allows us to contact you directly regarding this referral

For further on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please see our [Privacy Notice](#) online.

The referral agency is responsible for sharing your details and should have informed you of your rights in regarding to your data.