



Referral Form

t: 0330 2020571

w: RotherhamRise.org.uk

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

Return completed form

Please return this form to: help@rotherhamrise.org.uk

For any other enquiries please use: enquiries@rotherhamrise.org.uk.

! Referral Information: Date

Agency Name	Referred By	Phone	Email
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Service Area Required:

Domestic Abuse Support	Post CSE Counselling	Refuge accommodation
Domestic Abuse BAMER	Post CSE Support	
Young Persons Domestic Abuse	Children and Young People Service	

! Client Information:

Client Name	Also known as (nickname)	Date of Birth	Age
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Gender Identity	Preferred gender pronoun (he/she/they)
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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	
Language(s) spoken:	English	Urdu	Punjabi	Polish	Czech	Slovak		
Other language:						Translator required?	Yes	No

Immigration status and any concerns

Sexual orientation:	Heterosexual	Homosexual	Bisexual	Asexual
	Pansexual	Androsexual	Gynesexual	Other

Housing Status

Economic Status

Describe relationship and living arrangements (e.g. on/off; client lives at mum's/(ex) partner stays over occasionally, explain the current and/or historical situation regarding domestic abuse - 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**

Brief description of why client requires Rotherham Rise support

Support needs

Safety	Immigration	Housing	Legal (inc Criminal Justice)
Physical Health	Sexual Health	Social Health (Relationships)	
Children & Parenting	Work, Education & Training		

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

🚩 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	Also known as (nickname)	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
Language(s) spoken:	English	Urdu	Punjabi	Polish	Czech	Slovak	
Other language:						Translator required?	Yes No
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:				

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

Additional Information and Notes...

... you think we need to be know.

! Consent:

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.

Return this completed form to:
help@rotherhamrise.org.uk