

Healthy Relationships Awareness Centre

Referral form

***Mandatory**

Please indicate which programme you would like to refer to:	
*Building Safer Families Programme – Supporting expectant partners into a healthy relationship	Yes / No
*Date of referral:	
*Is the person aware of the referral and given consent	Yes / No
How was consent obtained	Verbally/in writing

*Referrer information	
Referrer name and job title	
Referring organisation	
Referrer contact number	
Referrer email address	

Service User information	
Full name of Service User	
Date of birth	
Current Address, including postcode	
Home number	
Mobile number	
Email address	
Preferred contact method	Home number Mobile number Email Post
Are there any specific times to make contact?	
Is the service user currently living with their partner	Yes / No / Unknown
Length of Relationship	

Diversity Information	
Sex	
Marital status	
Ethnicity	
Disability	
Religion	
Sexuality	
Language	
Is a translator required	Yes / No / Unknown
If a translator is require, please specify language	

*Vulnerabilities	
Mental health	Yes / No / Unknown
Substance/alcohol misuse	Yes / No / Unknown
Learning difficulties	Yes / No / Unknown
Physical health issues or disability	Yes / No / Unknown
Self harm or suicidal attempts (please provide additional information)	Yes / No / Unknown
Criminal convictions	Yes / No / Unknown
Are there any risks of harm to children	Yes / No / Unknown

*Childrens Information	
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Preferred contact method	Home number	Mobile number	Email	Post				
Are there any specific times to make contact?								
Is the Partner/ Ex Partner currently living with the service user?	Yes / No / Unknown							
Length of Relationship								
GP/Medical Practice Details								
Diversity Information								
Gender identity								
Marital status								
Ethnicity								
Disability								
Religion								
Sexuality								
Language								
Is a translator required	Yes / No / Unknown							
*Childrens Information								
Child name	CP/ CIN Y/N	Date of birth	Bio/No n-Bio to Service User	Gender identity	Disability	Ethnicity	Address if different from Service User	Relationship to Partner (Ex/Other) being referred (Son, Daughter, Step/other)
*Vulnerabilities Partner / Ex Partner								
Mental health							Yes / No / Unknown	
Substance/alcohol misuse							Yes / No / Unknown	
Learning difficulties							Yes / No / Unknown	
Physical health issues or disability							Yes / No / Unknown	
Self harm or suicidal attempts (please provide additional information)							Yes / No / Unknown	
Criminal convictions							Yes / No / Unknown	
Are there any risks of harm to children							Yes / No / Unknown	
*Other professional Involvement with Partner / Ex partner								