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| **SIDASS REFERRAL FORM - FOR NON-DASH AGENCIES** |

The Salford Independent Domestic Abuse Support Service (SIDASS) is Salford’s offer for all survivors of domestic abuse, provided by Salford Women’s Aid. Support is available for men and women aged sixteen and over. For more information regarding the service, please visit **www.salfordwomensaid.org**

SIDASS accepts referrals from individuals and agencies upon completion of this referral form. All boxes marked with **\*** must be completed, if not the referral will not be accepted and will be returned to the referring individual or agency for completion. Please return referral forms to **SIDASS@salford.gov.uk**

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| **Confidentiality and Data Sharing** |
| Has the client given consent for their information to be shared with SIDASS? **\*** |  Please tick box: |
|  |   |
| **Referrer Details** |
| Date of Referral **\*** |  |
| Referring Agency and Contact Name **\*** |  |
| Telephone / Email **\*** |  |
| **Client Details** |
| Name **\*** |  | Date of Birth **\*** |  |
| Ethnicity |  | To which gender do you most identify? |  |
| Sexual Orientation  |  | LGBT |   |   |
| Address **\*** |  | Safe to write? |   |   |
| Alternative Address  |  | Safe to write? |   |  |
| Contact Number **\*** |  | Safe to call? |  |  |
| Additional Contact Number **E.g. Next of Kin / Family members / colleague/friends** |  | Safe to call? |  |  |
| Employment Details**E.g. Occupation / unemployed / in training or education / financial status / benefits including address and contacts** |  |
| **Children’s Details** |
| Name | Gender | DOB | Relationship to client | Relationship to perpetrator | Address | School |
|  | M / F |  |  |  |  |  |
|  | M / F |  |  |  |  |  |
|  | M / F |  |  |  |  |  |
| Is Client Pregnant? |   | Due Date |  |
| **Perpetrator Details** |
| Perpetrator’s name  |  | Date of Birth  |  |
| Relationship to victim  |  | Gender  |  |
| Address (if known) |  |
| **Abuse Information and Support Required (mark checkboxes as appropriate)** |
| Please highlight the nature of the abuse, if known |  |  |  |
|  |  |
| Further information regarding above |  |
| Please highlight the breadth of support required, if known |  |  |  |
|  |  |  |
|  |  |  |
| Further information regarding above: |  |
| **Additional Needs and Vulnerability (mark checkboxes as appropriate)** |
| Drugs |  | Alcohol |  | Mental Health |  | Disability |  |
| Learning Difficulties |  | Numeracy |  | Literacy |  | Financial Difficulties |  |
| Self-Harm |  | Attempted Suicide |  | Repeat victim |  | Other |  |
| Additional information regarding above: |  |
| **Additional Information** |
| Other agencies involved, if known |  |
| Further relevant information |  |