**Independent Stalking Advocacy Caseworker**

**Support Referral Form**

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| **REFERRER DETAILS** |
| Referrer type | [ ]  Police[ ]  Agency[ ]  Self[ ]  Other | Referrer name |  |
| Referrer email | s |
| Referrer phone |  |
| Date of referral |  |

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| **CLIENT DETAILS** |
| Client’s full name |  | DOB |  | Age |  |
| Consent to refer  | [ ]  Yes [ ]  No |  |  |
| Gender |  | Sexuality |  | Religion |  |
| Ethnicity |  | Language spoken |  | Translator required? | [ ]  Yes [ ]  No |
| Any disabilities |  |
| Drug/alcohol/mental health issues |  |
| Full Address & Postcode |  | Safe to send letter? | [ ]  Yes[ ]  No |
| Safe contact number |  | Ok to leave message/send text? | [ ]  Yes[ ]  No |
| Email Address |  | Preferred contact method | [ ]  Phone[ ]  Post[ ]  Email[ ]  Any |

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| **DETAILS OF ANY CHILDREN** |
| Child’s Name(Please add extra rows if necessary) | Date of Birth | Relationship to Victim | Relationship to Perpetrator | Address | School |
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| **PERPETRATORS DETAILS (IF KNOWN)** |
| Name |  |
| Aliases (if any) |  |
| Date of Birth |  |
| Address(es) |  |
| Relationship to Victim |  |

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| **CRIME DETAILS**  |
| Reason for Referral  | (Please give a brief background): |
| Is your referral for one-off safety advice? | [ ]  Yes [ ]  NoIf yes, please provide more information: |
| Is your referral for ongoing support? | [ ]  Yes [ ]  No | Is there an active stalking investigation with West Yorkshire Police? | [ ]  Yes [ ]  No |
| Have you spoken/reported to any agency? | [ ]  Yes [ ]  NoIf yes, please state: | Has the perpetrator been arrested? | [ ]  Yes [ ]  NoIf yes, what were they arrested for: |
| Are there police bail conditions?  | [ ]  Yes [ ]  No | Has the perpetrator been charged?  | [ ]  Yes [ ]  No |
| Has the perpetrator attended court? | [ ]  Yes [ ]  No [ ]  N/A | Have you been risk assessed using DASH / S-DASH (11 Stalking questions)? | [ ]  Yes [ ]  No [ ]  N/A |
| Is there a local Domestic Abuse service involved? [ ]  Yes [ ]  No [ ]  N/AIf yes, please provide contact details: |

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| **ADDITIONAL DETAILS** |
| Who or what are you afraid of? Please provide additional information below (to include all potential threats, and not just the primary perpetrator): |
| Please provide details of any work that has already been completed or is ongoing through your organization (e.g. safety planning, risk assessments, housing advice etc.): |