**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  No  If 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  No  If yes, please state: | Has the perpetrator been arrested? | Yes  No  If 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/A  If 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.): |