**CLAUDIA JONES REFERRAL FORM**

REFERRAL TYPE - INTERNAL / EXTERNAL AGENCY

* IS THIS A SELF REFERRAL: YES/NO

REFERRAL DATE -

**REFERRER DETAILS**

|  |  |
| --- | --- |
| REFERRER NAME |  |
| ORGANISATION |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

HAS THE REFERRED CONSENTED TO THE REFERRAL YES/NO

IF A SELF REFERRAL – DO YOU CONSENT TO THE REFERRAL YES/NO

**SERVICE USER DETAILS**

|  |  |
| --- | --- |
| NAME - |  |
| D.O.B |  |
| ADDRESSPOST CODE |  |
| TENANCY/HOUSING STATUS e.g. home owner/secured tenancy/temporary/homeless |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

**SERVICE USER NEXT OF KIN/EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| NAME - |  |
| D.O.B |  |
| ADDRESSPOST CODE |  |
| RELATIONSHIP |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

**CLIENT DIVERSITY INFORMATION**

|  |  |  |
| --- | --- | --- |
| ETHNICITY:  | NATIONALITY:  | IMMIGRATION STATUS: |
| LANGUAGE(S) SPOKEN | INTERPRETATOR REQUIRED – YES/NO | RECOURSE TO PUBLIC FUNDS – YES/NO |
| MARITAL STATUS/CIVIL PARTNERSHIP:  | RELIGION:  | PREGNANCY/MATERNITY STATUS: |
| GENDER: | GENDER RE-ASSIGNMENT: | SEXUALITY:  |
|  |  |  |
| PHYSICAL DISABILITY: |  PHYSICAL HEALTH NEEDS:  | MENTAL HEALTH NEEDS:  |
| LEARNING NEEDS: | ACCESS REQUIREMENTS |  |

IS THE SERVICE USER BEING REFERRED DUE TO DOMESTIC VIOLENCE/VAWG?

YES/NO

DOES/DO THE ALLEGED PERPETRATOR(S) LIVE WITH THE REFERRED?

YES/NO

NAME(S) OF THE ALLEGED PERPETRATOR(S)

RELATIONSHIP TO ALLEGED PERPETRATOR(S) (*if applicable*):

**FAMILY DETAILS:**

|  |  |
| --- | --- |
| PARTNER NAME |  |
| DOB: |  |
| IS THE PARTNER AN ALLEGED PERPETRATOR |  |
| PARTNERS ADDRESS  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILDREN/ DEPENDENTS NAMES | D.O.B / AGE\*Include expected delivery date for pregnancies | WHERE DOES THE CHILD/REN CURRENTLY LIVE? \*If differs from above | IF DV PRESENT WHAT IS THE DEPENDANTS RELATIONSHIP TO PERPETRATOR? | IS THE CHILD / DEPENDANT A CARER? |
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**PLEASE PROVIDE DETAILS OF REASON FOR THE REFERRAL AND THE TYPE OF SUPPORT YOU WOULD LIKE CLAUDIA JONES ORGANISATION TO PROVIDE:**

ARE THERE ANY KNOWN RISKS TO YOU (REFERRED)/RECENT INCIDENCES OF ABUSE AND HAS A RISK ASSESSMENTS BEEN CARRIED OUT ON YOUR BEHALF e.g. /DASH RISK?

ARE THERE ANY KNOWN VULNERABILITIES TO YOU AND YOUR FAMILY NOT ALREADY MENTIONED

EXISTING COURT ORDERS: YES/NO

DETAILS (e.g. Non-Molestation / Prohibited Steps Order, parenting orders etc):

POLICE INVOLVEMENT: YES/NO/IN THE PAST – please specify

SOCIAL SERVICES INVOLVEMENT: YES/NO/IN THE PAST

INCLUDE DETAILS (Please include current safeguarding status e.g child in need or child protection / department details / name/ phone/email of social worker):

**PLEASE PROVIDE DETAILS OF ANY OTHER AGENCIES CURRENTLY INVOLVED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ROLE | AGENCY | TELEPHONE NUMBER | EMAIL ADDRESS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SUPPORT REQUIRED (tick)**

FAMILY SUPPORT

PARENTING / DEPENDANT RELATED

CHILDREN ACTIVITIES

VAWG/DOMESTIC VIOLENCE/HARMFUL PRACTICES

COUNSELLING

GROUP THERAPUETIC SUPPORT (THINKING SPACE)

CARER SUPPORT

FINANCE/WELFARE BENEFITS

FOOD POVERTY

HOUSING / HOMELESSNESS

IMMIGRATION

WINDRUSH JUSTICE COMPENSATION SCHEME

**PLEASE EMAIL REFERRALS TO** **mail@claudiajones.org**

**OR SEND TO**

**BERNICE MOLYNEAUX**

**CLAUDIA JONES ORGANISATION**

**103 STOKE NEWINGTON ROAD**

**LONDON**

**N16 8BX**

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**CLAUDIA JONES ORGANISATION ADMINISTRATION:**

REFERRAL RECEIVED BY:

DATE REFERRAL RECEIVED:

IS THE REFERRAL ACCEPTED OR DECLINED AND WHY

REFERRAL ACTION TAKEN (e.g. allocated, placed on waiting list)