

WiSER Project Referral Form

All women referred must be aged 16+ and affected by VAWG

Date		Referral taken by	
Referred by	Name	Surname	
Agency		Tel	
Email			
<b>PERSONAL DETAILS OF WOMAN REFERRED</b>			
Name		D.O.B.	
Tel No	(home) Safe to contact Yes <input type="checkbox"/> No <input type="checkbox"/> Safe to leave Voicemail Yes <input type="checkbox"/> No <input type="checkbox"/>	(mobile) Safe to call Yes <input type="checkbox"/> No <input type="checkbox"/> Safe to text Yes <input type="checkbox"/> No <input type="checkbox"/> Safe to leave Voicemail Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email			
Address	Postcode: Borough:		
Ethnicity		Language(s) spoken	
		Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CURRENT SITUATION</b>			
<b>Nature of (VAWG)</b>			
			<b>Please tick if applicable</b>
Domestic violence			
Sexual violence/Rape			
FGM			
Crimes committed in the name of so called honour			
Forced marriage			
Affected by or at risk of prostitution			
Stalking			
Trafficking			
Relationship to perpetrator(s)			
Is perpetrator woman's carer?			

CHILDREN						
Name	Ethnicity	Gender	Date of birth		Living with mother Y/N	
1.						
2.						
3.						
4.						
5.						
Is the referred woman pregnant?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Estimated date of delivery						
<i>Eligibility criteria for project. At least four of these must apply:</i>						
Homeless					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Substance misuse					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mental health needs					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical health needs					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insecure immigration status					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Affected by or at risk of prostitution					Yes <input type="checkbox"/> No <input type="checkbox"/>	
History of offending behaviour					Yes <input type="checkbox"/> No <input type="checkbox"/>	
History of children being removed from her care and/or at risk of further removals					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Other agency support</i>						
Is woman receiving support from any other agencies?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details						
Has the woman had support from agencies in the past?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details						
Has there been Police involvement in this case?					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Has this woman's case been heard at MARAC or has it been referred to MARAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Referral outcome</i>	
Referral accepted? (please specify refusal reason if answer is No)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you obtained consent from the woman being referred for this referral to be made? Yes  No

Please email completed Referral Form to [wiser@solacewomensaid.org](mailto:wiser@solacewomensaid.org)