**BROMLEY SANCTUARY REFERRAL FORM**

*RESTRICTED INFORMATION (when complete) Please email LBB.sanctuaryscheme@bromley.gov.uk*

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| **1. DETAILS OF SANCTUARY REFERRER (Referrer to complete fields 1 to 8)** |
| 1.1 **Name:**  |  |
|  **Job title:**  |  |
|  **Agency name:**  |  |
|  **Address:**  |  | **Postcode:** |  |
|  **Contact no 1:**  |  | **Contact no 2:** |  |
|  **Email:**  |  |
|  In my absence please contact:  |
| 1.2 **Name:**  |  | **Contact no:**  |  |
|  **Job title:**  |  | **Email:** |  |

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| **2. DOMESTIC ABUSE, STALKING AND HARASSMENT (DASH) RISK ASSESSMENT**  **(complete all fields), or MULTI AGENCY RISK ASSESSMENT (MARAC)** |
| 2.1 **Has DASH/MARAC risk assessment been carried out?**  Yes  [ ]  No [ ]   |
| 2.2 **What is the current risk level?**  High [ ]  Medium [ ]  Standard [ ]   |
| 2.3 **If different from the referrer, who carried out the risk assessment?**  |
| **Name:**  |  | **Job title:**  |  |
| **Organisation:**  |  | **Contact no:**  |  |

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| **3. DETAILS OF CLIENT (complete all fields)** |
| 3.1 **Name:**  |  | **Contact no:** |   |
| **Email:**  |  |
| **Date of Birth:**  |  | **Availability:** |  |
| **Address:**  | Permanent address to be made safe | **Alternative address:**  | Where will the client stay while the works are carried out? |
| **Postcode:**  |  | **Postcode:** |  |
| 3.2 **Options discussed with client:**  | [ ]  Emergency Temporary Accommodation [ ]  Legal advice (Non-Molestation Order, Occupation Order)[ ]  Refuge space [ ]  Home Shelter scheme [ ]  Transfer [ ]  Refuge Space[ ]  Locks changed [ ]  Police Options (Special Scheme, Alarms, TecSOS phone etc) |
| 3.3 **Language, disability, mobility and cultural barriers** | Please give information about any relevant issues that the DOCO/contractor should take into account when they are visiting the property, contacting the victim or carrying out the work. Are there any issues that might delay or complicate this referral?  |
| 3.4 **Children living with the client:**  |
| Name: |  | Date of Birth: |  / /  |
| Name: |  | Date of Birth:  |  / /  |
| Name: |  | Date of Birth:  |  / /  |
| 3.5 **Has a child safeguarding alert been raised?**  Yes [ ]  No [ ]  Date: / / |
| 3.6 **Named Social Worker:**  |  | Contact no:  |  |

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| 3.7 **Adult at risk living with the client:**  |
| Name: |  | Date of Birth: |  / /  |
| Name: |  | Date of Birth:  |  / /  |
| 3.8 **Has a safeguarding adult alert been raised?** Yes [ ]  No [ ]  Date: / / |
| 3.9 **Named Social Worker:**  |  | Contact no:  |  |

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| **4. ACCOMMODATION (complete all fields)** |
| 4.1 **Does the client fully intend to continue living in their current home for the foreseeable future?**  If no, explain why:  | Yes [ ]  No [ ]   |
| 4.2 **Tenancy type:**  | Sole [ ]  Joint [ ]   | **Owner Occupier:** | Yes [ ]  No [ ]   |
| 4.3 **Landlord / Estate Officer / Housing provider details who can approve works** (If applicable) |
| Name:  |  | Address: |   |
| Work/mobile no:  |  |
| Availability: | Contact times from to |
| Email:  |  | Postcode: |  |

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| **5. NATURE AND HISTORY OF VIOLENCE/ THREAT OF VIOLENCE (complete all fields)** |
| 5.1 **Explain the nature of the violence and threats to the client (please indicate if there is an imminent risk to the client and/or property and any threats made by the perpetrator against the client or property):** |
| 5.2 **Does the perpetrator have legal access to the property?**  Yes [ ]  No [ ]   If ‘Yes’, further information required:  |
| 5.3 **Has the client sought legal remedies?** Yes [ ]  No [ ]  Expiry date: / / Please give details:  |
| 5.4 **Has the violence / perpetrator been reported to the police?**  Yes [ ]  No [ ]   |
| 5.5 **Crime reference (CRIS) number:**  |  |
| 5.6 **Who was it last reported to and when?**  |  |
| **Name of 1st perpetrator:** |  | **Address:**  |  |
| **Date of Birth:**  |   |
| **Relationship to client:** eg (partner, ex-partner, mother, father, son, daughter, adult family member, child family member, unknown) | **Postcode:** |  |
| **Name of 2nd perpetrator (if applicable):** |  | **Address:**  |  |
| **Date of Birth:** |   |
| **Relationship to client:** Please circle one (partner, ex-partner, mother, father, son, daughter, adult family member, child family member, unknown)  | **Postcode:** |  |

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| **6. FIRE SAFETY RISK** |
| 6.1 **Are there any fire safety risks highlighted for the property?** Yes [ ]  No [ ]  Not known [ ]   |
| 6.2 **Does the client agree to a fire safety assessment be undertaken by the London Fire Brigade?** Yes [ ]  No [ ]   |

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| **7. CONSENT**  |
|  **Before any further action is taken the client must give their consent to make this referral. Does the client consent?**7.1 Yes [ ]   No [ ]   |

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| **8. STAFF / CONTRACTOR RISKS**  |
| **8.1 Please summarise any concerns the client has about the safety of the property or police/ contractors visiting the property. This could be information about any known history / pattern of violence or abuse by the perpetrator against visitors.**  |
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| **9. BUDGET HOLDER DECISION**  |
|  **Referral accepted for consideration at MARAC?** Yes [ ]  No [ ]  **Reasons for not approving:** |
| Date sent to MARAC: |  / / |

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| **10. MARAC or CSU DECISION****A SANCTUARY VISIT CAN BE REQUESTED FOR HIGH RISK CASES** |
| **REASON for requesting sanctuary visit:** |
|   |
| **RISK ASSESSMENT?** HIGH [ ]  MEDIUM [ ]  STANDARD [ ]   |
| **DATE SENT TO DOCO BY MARAC/BUDGET HOLDER:** |  **/ /**  |  |  **/ /** |