### Supporting Women to Believe in Themselves

| Women’s Information |  |
| --- | --- |
| Service (please tick) | Refuge Service  Outreach Service |
| Area (please tick) | South Lanarkshire  East Renfrewshire |
| Name |  |
| Address |  |
| Date of Birth |  |
| Telephone Number |  |
| Email Address |  |
| SAFE TO CONTACT – please tell us if there are any specific times, methods of contact that should be used |  |
| RIC Score and Date of Completion (if completed) |  |
| Who completed RIC |  |
| Perpetrators Information |  |
| Name |  |
| Address (if known or area) |  |
| Date of Birth |  |
| Gender |  |
| Children’s Information |  |
| Name |  |
| Date of Birth |  |
| Name |  |
| Date of Birth |  |
| Name |  |
| Date of Birth |  |
| **Flag significant concerns re. children** |  |
| BRIEF OUTLINE OF SITUATION & LIVING ARRANGEMENTS | |
| Reasons for referral / Details of Incident / Prompting Referral / History of relationship, Safety concerns for staff and or Service User etc. | |
|  | |
| AGENCY/REFERRER INFORMATION. | |
| **Do you have the client’s consent to make this referral?** |  |
| Name of Referrer |  |
| Designation |  |
| Organisation |  |
| Contact Details |  |
| ***AGENCY REFERRAL PLEASE provide the additional information below:*** | |
| Ethnicity |  |
| Languages spoken |  |
| Translator required |  |
| Immigration issues (any concerns?) |  |
| Drug / alcohol / mental health issues |  |
| Disability / literacy or numeracy difficulties |  |
| **SIGNIFICANT CONCERNS FLAG?**  **(staff safety issues / serial or repeat perpetrator / suitable times to call / HBV / suicide or self harm concerns / MARAC Case)** |  |
| Social Work Involvement |  |
| Is there Social Work Involvement |  |
| Reason |  |
| Name of Social Worker |  |
| Telephone Number |  |
| Staff Information |  |
| Database Number |  |
| Date Logged |  |