**YPVA Service Referral Form**  **YPVA Service**

 **Young Persons Violence Advisor Service**

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| **Date of Referral** |  |
| **Victim name** (person being harmed) |  |
| **DOB** |  |
| **Address****Is it safe to write to this address** |  |
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| **Safe Telephone number****Other useful safe telephone numbers** |  |
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| **Ethnicity** |  |
| **Language spoken** (is a translator required)**Immigration status** (any concerns) |  |
|  |
| **Disability/literacy/numeracy difficulties** |  |
| **Sexual Orientation** |  |
| **Education/Employment status** |  |
| **Does the Victim** (person being harmed) **have children** | **Yes****No** |
| **Name of child****Gender of child****Age of child** |  |
| **Parent(s) name of the child /ren** |  |
| **School** |  |
| **Does the perpetrator** (person causing harm) **have PR or Custody of child** |  |
| **Has a safeguarding referral for the child/children been made to social care/ flag significant concerns** | **Yes (give info)****No( detail reasons)** |
| **Is the victim** (person being harmed) **pregnant** (include due date) |  |
| **Has the DASH RIC been completed**  | **Yes** (date completed)**No** (give reason why) |
| **Score of DASH RIC** |  |
| **Risk Level identified** (Low-High) |  |
| **Has a referral been made to MARAC** (if MARAC criteria is met) | **Yes** (date completed)**No** (give reason why) |
| **Has the victim** (person being harmed) **been heard at MARAC before with this/ or with a previous perpetrator** |  |
| **Victim’s** (person being harmed)**Risk factors /concerns** (incl Domestic violence substance issues, Offending history, health issues etc) |  |
|  |
| **Mother/Carer to victim (**person being harmed) |  |
| **DOB** |  |
| **Address** |  |
| **Telephone number** |  |
| **Mothers/Carer Risk factors/concerns** (incl Domestic violence substance issues, Offending history, health issues etc) |  |
|  |  |
| **Fathers/Carers to victim** (person being harmed) |  |
| **DOB** |  |
| **Address** |  |
| **Telephone number**  |  |
| **Fathers/ Carer Risk factors/concerns** ( incl Domestic violence substance issues, Offending history, health issues etc) |  |
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| **Sibling (s) to victim** (person being harmed) |  |
| **DOB** |  |
| **Address** |  |
| **Telephone number** |  |
| **Sibling/s Risk factors/concerns** (Domestic violence substance issues, Offending history, health issues etc) |  |
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| **Perpetrator’s name** (person causing harm) |  |
| **DOB** |  |
| **Address** |  |
| **Telephone number** |  |
| **Language spoken** (is a translator required)**Immigration status** (any concerns) |  |
| **Disability/literacy/numeracy difficulties** |  |
| **Sexual orientation** |  |
| **Ethnicity** |  |
| **Education/Employment status** |  |
| **Has the Perpetrator** (person causing the harm) **been heard at MARAC before with this/ or with a previous victim** |  |
| **Perpetrator’s risk factors/concerns** ( Type of Domestic Violence , substance issues, Offending history, health issues etc) |  |
|  |
| **Is the victim** (person being harmed) **currently in a relationship with the perpetrator (person causing harm)** | **Yes** (give info) |
| **No** (give info) |
| **Has the victim** (person being harmed) **been notified of YPVA Service referral and given consent**  | **Yes** (give info) |
| **No** (give info) |
| **If applicable, have parents/carers of the victim** (person being harmed) **been notified of YPVA referral and has consent been given** | **Yes** (give info) |
| **No** (give info) |
| **Current /Previous Children's Services involvement for victim** (person being harmed) | **Yes** (give info ie status, area team ) |
| **No** (give info why no involvement) |
| **Current/ previous Lead Professional for victim** (person being harmed)  |  |
| **Any other agencies involved with victim**(person being harmed) |  |
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| **Please state what outcome would you like for the victim** (person being harmed)  |
| (i**e individual safety plan/ healthy relationship intervention/ legal advice/support to police/court/housing advice/support)**>>>>**Details of referring Agency****Service Name:** **Name of referrer:** **Date:** **Address:****Contact No:** **Email:****PLEASE SEND THIS COMPLETED REFERRAL FORM TO:****ypvareferral@southtyneside.gov.uk** |

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| **YPVA Checklist and Case Intake Form** (to be completed by YPVA Service only) |
| **Date of referral received** |  |
| **Client ID reference number** |  |
| **Is there a conflict of interest** |  |
| **YPVO name** |  |
| **Date of allocation** |  |
| **Date of MARAC (if applicable)** |  |
| **Details of incident prompting the referral/ including injuries/ Medical treatment/children witnessing the abuse/staff safety in relation to Home visits** **Risk to others** 🞏 YES 🞏 NO **Risk to Self** 🞏 YES 🞏 NO**Risk for Lone Working** 🞏 YES 🞏 NO **Home Visit Warning** 🞏 YES 🞏 NO**Any Disabilities** 🞏 YES 🞏 NO **Statement of Education Need** 🞏 YES 🞏 NO**Additional Needs to be Considered** 🞏 YES 🞏 NO |