

Referral Form – Specialist Bangladeshi Advocate



Completed forms should be sent password protected, with the password sent in a separate email, to cityoflondon@solacewomensaid.org.

The Specialist Bangladeshi Advocate provides free, confidential & specialist support for those experiencing domestic abuse, aged 16+, in the City of London.

1. Service user consent

Has the service user consented to this referral?	Choose an item. Click here to enter a date.
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Please note we cannot accept referrals where the service user has not consented to being referred.

2. Referrer details

Referrer name and Job Title	
Agency (incl. department/team)	
Contact number	
Contact email address	

3. Service user contact details

First name		
Last name		
Other/previous names		
Date of Birth	Click here to enter a date.	
Contact Method	Details	Safety (we would call a contact method safe if no-one else other than the service user has access to it, i.e. if perpetrator can access texts it is not safe to text)
Telephone Please inform service user that we call from a withheld number	Click here to enter text.	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 voicemails? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address	Click here to enter text.	Safe to email? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Click here to enter text.	Is the service user living with the perpetrator? Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Reason for referral to SASS

Why are you referring the service user? Please describe the main issues relating to the domestic abuse i.e. frequency, when it began, if there has been physical abuse or recent separation:	
Basic history	
Most recent incident	
What are the service user's priorities in terms of the support required?	
Has the service user ever been referred to MARAC? If yes, please provide the date.	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Types of abuse experienced by service user (please tick all that apply)	
Coercive control/ controlling behaviour <input type="checkbox"/>	CPV (Child to Parent abuse) <input type="checkbox"/>
Emotional/ psychological abuse <input type="checkbox"/>	HBV (Honour-based violence) <input type="checkbox"/>
Physical abuse <input type="checkbox"/>	Forced marriage <input type="checkbox"/>
Sexual violence/ abuse <input type="checkbox"/>	Sexual exploitation <input type="checkbox"/>
Verbal abuse <input type="checkbox"/>	Trafficking <input type="checkbox"/>
Financial abuse <input type="checkbox"/>	FGM (Female genital mutilation) <input type="checkbox"/>
Harassment/ Stalking <input type="checkbox"/>	Other type of abuse (please specify) Click here to enter text.

6. Children in the household

Please list all children under 18 whether related to service user and/or perpetrator				
Full name	DOB	Ethnicity	Relationship to service user	With whom do children reside?
	Click here to enter a date.	Choose an item.	Choose an item.	
	Click here to enter a date.	Choose an item.	Choose an item.	
School(s) if known		Click here to enter text.		
Known to Children's Social Care? (please specify allocated worker if known)		Click here to enter text.		

7. Perpetrator(s)

Please provide alleged perpetrator(s) details				
Full name	DOB	Gender	Ethnicity	Relationship to service user
	Click here to enter a date.	Choose an item.	Choose an item.	
Address if different to service user's?				

8. Equalities monitoring

How does the service user describe their:	
Gender identity	Choose an item.
Is their gender identity the same as they were assigned at birth?	Choose an item.
Nationality	Click here to enter text.
Ethnicity	Choose an item.

Relationship status	Choose an item.
Religion/ faith	Choose an item.
Sexual orientation	Choose an item.
Disability	Choose an item.
<i>Details re the above i.e. disability/ ethnicity</i>	Click here to enter text.

9. Risk from service user

Do you know of any potential risk this service user may pose to our workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

10. Accessibility requirements

Does the service user require:	
Specific requirements e.g. wheelchair ramp, hearing loop	Choose an item. If yes, please give details:
Language interpreter? If yes please state which language	Choose an item.
Languages spoken by service user:	Click here to enter text.

11. Additional vulnerabilities

Is the service user pregnant?	Choose an item.
Does the service user have recourse to public funds?	Choose an item.
What is the service user's immigration status?	Choose an item.
Does the service user have any other support needs (for example, mental health needs, substance use needs, history of offending behaviour)? Please give details.	