Ahimsa referral form

Torbay Behaviour Change – group program

**Please return by e-mail to:** **enquiries@ahimsa.org.uk**

**If you have any questions, please call: 01752 213535**

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| --- | --- |
| **Person Referred:****Date of Birth:****Address:****Postcode:****Tel No:****Email:** | **Name (Ex-)Partner of Referred:** **Relationship Status – Current / Ex Partner** **Date of Birth:****Address:****Postcode:****Tel No:****Email:** |

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| **Referrer/Agency:****Contact name:****Job Title:****Address:****Postcode:** **Tel No:****Email:** |

**Details of children/others in the family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to Client referred** | **Risk Concerns** | **Living with Referred** |
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**Reason for referral: (Please give detail)**

Children at risk of exposure to domestic violence or harm? (Please specify in table above)

**Yes/No**

Has a referral been made to social services?

**Yes/No**

If Yes, please indicate the outcome of that referral:

Are there any concerns regarding alcohol, drugs or mental health? (Please specify)

**Yes/No**

Does the person know this referral has been made?

**Yes/No**

Has Confidentiality and Safeguarding Children policy been explained (if applicable)?

**Yes/No**

**Yes/No**

Has any quantification of risk (risk assessment) been carried out?

If so please state by whom and whether that assessment is available to Ahimsa:

Other relevant information: e.g. other agency involvement - CAF, Intervention/Care Plan available etc.

(Please continue on separate sheet and attach to referral form if required)

I confirm that this referral has come been authorised by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, organisation) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

**Signed: Name: Date:**