**Oasis Adult Services referral form**

**How to complete this referral:**

By completing this referral form, you’re helping us to make contact with the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their particular needs and circumstances. If you believe that the client is High risk, please complete a MARAC referral and sent it to your MARAC Coordinator and copy the referral to Oasis as detailed below, (you will not need to complete the referral form below if you have sent us a MARAC referral form).

**How to submit this referral:** Please email the completed referral form to

**THANET & DOVER**

Securely via [raise.referrals@oasis.cjsm.net](mailto:RAISEreferrals@oasis.cjsm.net) or password protected to [RAISEreferrals@oasisdaservice.org](mailto:RAISEreferrals@oasisdaservice.org). Text the password to **07718657160**

**MEDWAY**

Securely via [referrals@oasis.cjsm.net](mailto:referrals@oasis.cjsm.net) or password protected to [referrals@oasisdaservice.org](mailto:referrals@oasisdaservice.org). **Call 0800 9179948 to give details of the password.**

**About this service:**

The adult team provide support across a range of needs and risks for those affected by domestic violence and abuse to ensure that families get the support that they need. Pathways include:

* **Independent Domestic Violence Advisers** - (IDVAs) providing community (non-high risk) and MARAC (high risk) support
* **Court support** - both family and criminal justice interventions
* **Refuge and accommodation -** short and longer term placements (please complete the accommodation referral on the website and submit as above)

Oasis also provides group work, drop ins, counselling, (subject to funding) and our Early Intervention and Prevention team provide a number of services for young people affected by abuse. To find out more about these services go to [www.oasisdaservice.org](http://www.oasisdaservice.org)

Oasis adult referrals are for those age 16+ at medium/high risk in Medway, Thanet and Dover only. Additional County-wide Referral Pathways can be accessed via the Kent and Medway DA Services websitevia[**https://www.domesticabuseservices.org.uk**](https://www.domesticabuseservices.org.uk)

Refuge/Accommodation referrals please see Oasis website for the referral form @ [www.oasisdaservice.org](http://www.oasisdaservice.org)

Once received a staff member will contact you to obtain more information

For family support/child referrals please see Oasis website for the referral form @ [www.oasisdaservice.org](http://www.oasisdaservice.org) Please note that these services are available subject to funding and may be location specific.

**Before you send the referral, please check that your referral meets the criteria set out on this page**

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| **Oasis Adult Referral Form** | | | | | | | | | |
| **Please indicate intended service** | | | | | | | | | |
| **IDVA - High risk (no MARAC referral made)** | | **Community/Outreach – Medium risk** | | | | | | | |
| **Agency** | | | | | | | | | |
| Date of Referral: | | Referring agency: | | | | | | | |
| Name: | | Role: | | | | | | | |
| Phone number | | Email: | | | | | | | |
| **Client Details** | | | | | | | | | |
| Name of client: | | DOB: | | | Age: | | | | |
| Name of parent/carer if applicable: | | DOB: | | | Age: | | | | |
| Has client consented to referral? **Client consent must be gained for a referral to Oasis, unless the client is High risk and gaining consent would increase their risk, (please give details if this is applicable. We will contact you regarding a MARAC referral).** | | Yes/No/Unsafe to gain (details). | | | | | | | |
| Client Address:  Living with perpetrator? | | | | | | | | Safe to write: | |
| Home phone number: | | Safe to call:  Y/N | | Safe time to call: | | | | Safe to Messages: | |
| Mobile number: | | Safe to call:  Y/N | | Safe time to call: | | | | Safe to Message: | |
| Safe email address: | | | | | | | | | |
| Name of alleged perpetrator(s)  Please note that we will never contact the alleged perpetrator | | DOB: | | | | Age: | | | |
| Address of alleged perpetrator(s) if known | | | | | | | | | |
| GP Name and Address: | | | | | | | | | |
| Is the client pregnant? (Please state the due date) | | | | | | | | | |
| Does the client have children?  If yes, please give details | | | | | | | | | |
| Child Name: | | Child DOB: | | | Child school | | | | |
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| Has a DASH RIC been competed? Y/N | | If yes, risk level: | | | MARAC Referral Completed? | | | | |
| Is the client subject to any other professional engagement, meetings or support? Please detail.  Please include any safeguarding concerns and referrals made. Does the client given permission for Oasis to contact these agencies? | | | | | | | | | |
| Does the client have any additional needs that may impact them receiving a call?  For example please consider any learning or language needs. | | | | | | | | | |
| Reason for referral (include all details you feel are relevant to this referral. Use a separate sheet if necessary): | | | | | | | Very High Risk? | |  |
| Perpetrator actively seeking? | |  |
| Found before? | |  |
| Threats to Kill? | |  |
| Honour Based Violence? | |  |
| Staff safety issues? | |  |
| Police involvement? | |  |
| **Type of incident:** | Domestic |  | Sexual | |  | | Stalking | |  |
| Are there any known risks to staff working with this client? | | | | | | | | | |
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**Thank you for taking the time to complete this referral.**