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**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.

**How to submit this referral:**

Please email the completed referral form to: 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**

**About this service:**

The RAISE 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 -** short and longer term placements

Oasis also provides group work, drop ins, counselling 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)

**Count-wide Referral Pathways**

**No DASH** RIC completed or DASH score of less than 10 – call Victim Support – 0808 168 9276

**DASH score of 10+**

* Thanet/ Dover Areas - [**RAISEreferrals@oasis.cjsm.net**](mailto:RAISEreferrals@oasis.cjsm.net)
* Ashford/ Canterbury/ Shepway Areas - [**northsouthidva.centra@ca.cjsm.net**](mailto:northsouthidva.centra@ca.cjsm.net)
* Dartford/ Gravesham/ Maidstone/ Swale Areas - [**northsouthidva.centra@ca.cjsm.net**](mailto:northsouthidva.centra@ca.cjsm.net)

**DASH score 10-13**

* Sevenoaks/ Tonbridge & Malling/ Tunbridge Wells Areas - [**davss.office@davss.cjsm.net**](mailto:davss.office@davss.cjsm.net)

**DASH score 14+**

* Sevenoaks/ Tonbridge & Malling/ Tunbridge Wells Areas – [**choices.referrals@nkwa.cjsm.net**](mailto:choices.referrals@nkwa.cjsm.net)(If MARAC referral completed), or [donnagraham@lookahead.org.uk.cjsm.net](mailto:donnagraham@lookahead.org.uk.cjsm.net) (if no MARAC referral completed)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Oasis Referral Form**  Call Handler: | | | | | | | | | | | |
| **Please indicate intended service** | | | | | | | | | | | |
| **IDVA** | **Outreach** | | **Refuge** | | | | | **Group Work** | | | |
| **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: | | | | |
| Name of alleged perpetrator(s) if known: | | | DOB: | | | | Age: | | | | |
| GP Name and Address: | | | Name and contact details of school if applicable: | | | | | | | | |
| Has client consented to referral? | | | | | | | | |
| Has parental consent been obtained if necessary? | | | | | | | | |
| Client Address:  Living with perpetrator?  Y / N | | | | | | | | | | Safe to write:  Y / N | |
| Home phone number: | | | | Safe to call:  Y / N | | Safe time to call: | | | | Messages?  Y / N | |
| Mobile number: | | | | Safe to call:  Y / N | | Safe time to call: | | | | Messages?  Y / N | |
| Safe email address: | | | | | | | | | | | |
| Does the client have children?  If yes, please give details | | | Child Name: | | | | Child DOB: | | | | |
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| Has a DASH RIC been competed? Y/N  If no, refer to Victim Support on **0808 168 9276** | | | If yes, risk level:  High/ Medium/ Standard | | | | MARAC Referral Completed?  Y/ N | | | | |
| Is the client subject to any other professional engagement, meetings or support?  If yes, please give details. Has client given permission for Oasis to contact these agencies? | | | | | | | | | | | |
| 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 | Y / N | | Sexual | | Y /N | | Stalking | | Y/ N |
| Are there any known risks in working with this client? | | | | | | | | | | | |
| N.B. For Refuge referrals Oasis will contact you to obtain more information | | | | | | | | | | | |

Thank you for taking the time to complete this referral.

To submit your completed document, please email [RAISEreferrals@oasisdaservice.org](mailto:RAISEreferrals@oasisdaservice.org) and text the password to **07718657160** along with your name and the date of referral or securely via [raise.referrals@oasis.cjsm.net](mailto:RAISEreferrals@oasis.cjsm.net).

Before you send the referral, please check that your referral meets the criteria set out on the first page of this documents.