**Referral Form – Young Adults Mentoring**

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**NB: As referrals contain sensitive personal data please password protect this form and email through. You will need to telephone through the password to the contact at the end of the form.**

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| **Eligibility criteria*** Young females aged between 16 and 25 years of age;
* who have experienced domestic abuse within their family home;
* are at risk of entering into abusive relationships in the future;
* and/ or are at risk currently within an abusive relationship
 |

**Please complete all three pages of the form**

|  |  |
| --- | --- |
| **Date of Referral:** | **Referring agency:** |
| **Contact name:** | **Contact role:** |
| **Contact number:** | **Contact email:** |
| **Does client consent to referral?**  **Y / N** | **Is client at work/ school/college?: Y/N****Contact details:** |
| **Any other agencies working with client? Y / N****Agency contact details:** |
| **Name of client:** | **DOB:** | **Age:** |
| **Address:**  | **Permission to write:** **Y / N** |
| **Home phone number:** | **Permission to call:****Y / N** | **Permission to leave message:****Y / N** |
| **Mobile number:** | **Permission to call:****Y / N** | **Permission to leave message:****Y / N** |
| **Safe email address:** |
| **Is the person currently living in abusive/potentially abusive environment?**  | **YES** | **NO** |
| **Have they previously lived in an abusive/potentially abusive environment?**  | **YES** | **NO** |
| **Does the client have any children?****If yes please give details.** | **YES** | **NO** |
| **Reason for referral (Include any other details you feel are relevant. Use a separate sheet if necessary):** |
| **Ethnicity (please tick):** |
| White British |  | African |  | Bangladeshi |  |
| White Irish |  | Caribbean |  | Pakistani |  |
| White/Black Caribbean |  | Indian |  | Chinese |  |
| White/Black African |  | White Asian |  | Black Other |  |
| Asian Other |  | Preferred not to say |  | Other mixed background |  |
| **Sexual Orientation**  |
| **Type/Don’t Know/Prefer not to say:**  |

|  |
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| https://images.justgiving.com/image/93a019f1-fd36-4c60-8422-1fe443cb3a02.png?template=size200x200**ABLE Risk Indicator**  |
| **ATTITUDES AND FEELINGS** |  |  |  |
| Significant low self-esteem |  | Lack of empathy |  |
| Angry feelings |  | Expressions of despair |  |
| Feels Shame/Guilt/Responsibility |  | Poor impulse control |  |
| Anxiety |  | Low motivation to change |  |
| Lack of remorse |  | Thought distortions |  |
| Suicidal thoughts/feelings |  | Recurrent physical symptoms |  |
| **BEHAVIOURS** |  |  |  |
| Communication difficulties |  | Poor or inappropriate interpersonal relationships |  |
| Concerning mobile phone/internet use |  | Substance misuse |  |
| Have you ever made allegations of assault or been accused of assaulting another |  | Former or current exclusions/truancy from school/college |  |
| Offending Behaviour |  | Have you ever had/do you currently have STI’s |  |
| Avoidant Behaviours |  | Lack of engagement |  |
| Eating Disorders |  | Risk taking |  |
| Self - Harm |  | Aggressive or Intimidating behaviour |  |
| Sleep Disturbances | Type: |  |  |
| **LIFE EXPERIENCES** |  |  |  |
| Emotional neglect in childhood |  | Family history MH issues |  |
| Physical Abuse |  | Family history of substance misuse |  |
| Sexual Abuse |  | Inappropriate accommodation |  |
| Family Breakdown |  | Isolated from peers/network |  |
| Family history of Domestic Abuse |  | Bereavement/significant loss |  |
| Learning Difficulties |  | Young carer |  |

**Please email your password protected form to** **cyp@oasisdaservice.org** **and telephone your password on 01843 269400 or send it in a separate email.**