**NDAS VOICE PROGRAMME REFERRAL**

**(VICTIMS OF INIMIATE COERCIVE EXEPRIENCE)**

Voice is a 10-week group work programme that aims to:

* To deepen understanding of intimate partner relationship abuse
* Develop insight into barriers victim survivors face when seeking help
* Explore the context of abusive behaviour both in situ and post separation
* Improved knowledge and understanding of the impact of trauma
* Develop understanding and practice of self-care

**How to submit this referral: Please email to advice@ndas-org.co.uk**

|  |
| --- |
| 1. **Information about the person making the referral**
 |
|  |
| Date of referral: |  |
| **Please enter your name and contact details:**  |
| Referrer’s name |  |
| Organisation name |  |
| Role/ job title |  |
| Contact number  |  |
| Contact email |  |

1. **Client contact info**

|  |
| --- |
| **Contact information**  |
| First name |   |
| Last name |  |
| Other names |  |
| What do they like to be called? |  |
| DOB |  |
| **Addresses**  |
| Current address |  |
| Accommodation type: Private Sector/ LA housing/Temporary/Other: |  |
| Local Authority of origin (if different) |  |
| Does the perpetrator live at this address? | Yes [ ]  No [ ]  Don’t Know [ ]  |
| **Contact info** |
| *Details Safe to contact?* |
| Phone  |  |[ ]
| Is it safe to leave message Y/N |  |[ ]
| Email  |  |[ ]
| Can the perpetrator access Client’s email account  | Yes [ ]  No [ ]  Don’t Know [ ]  |
| **Voice programme** |
| Would the client prefer face to face or virtual voice | Face to Face [ ]  Virtual [ ]  Don’t Know [ ]  | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes [ ]  No[ ]  Don’t Know [ ]  | *If yes, please provide details:* |
| **Virtual Voice programme** |  |  |
| **Virtual Voice** programmes:Does the client have access to the internet and Broadband strength to access Zoom? | Yes [ ]  No[ ]  Don’t Know [ ]  |  |
| Is the client able to attend a group interrupted on a weekday between 10am – 12noon  | Yes [ ]  No[ ]  Don’t Know [ ]  |  |
| Is the client able to attend a group uninterrupted on a weekday evening between 1900 - 2100 | Yes [ ]  No[ ]  Don’t Know [ ]  |  |

1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female [ ] Male [ ] In another way:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is their current gender different to the sex they were assigned at birth? | Yes [ ] No [ ]  Don’t know [ ]  |
| Do they consider themselves to have any kind of disability? (please tick any that apply) | Physical [ ] Learning [ ] Mental Health [ ] Deaf/ hearing impaired [ ] Blind/ visually impaired [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| How would they describe their ethnicity? |
| White British [ ]  White Irish [ ] White Gypsy or Irish Traveller [ ] Any other White background [ ] Asian British [ ] Asian Indian [ ] Asian Pakistani [ ] Asian Bangladeshi [ ] Any other Asian background [ ] Chinese [ ]  Arab [ ]  | White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/ multiple background [ ] Black British [ ] Black African [ ] Black Caribbean [ ] Any other Black background [ ] Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| Do they have a faith/ religion?  |
| No religion [ ] Bahai [ ]  Buddhist [ ] Christian [ ] Hindu [ ] Jewish [ ] Jain [ ]  | Muslim [ ]  Shinto [ ]  Sikh [ ] Zoroastrian [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| What is their relationship status?(tick one option) | Civil partnership [ ] Married [ ] Divorced [ ]  Separated [ ] Cohabiting but not married/ CP [ ] In a relationship (not cohabiting) [ ]  Widowed [ ] Single [ ]  |
| What is their sexual orientation?(tick one option) | Heterosexual/ straight [ ] Gay woman/ Lesbian [ ] Gay man [ ] Bisexual [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]   |
| Are they pregnant? | Yes [ ]  No [ ]  Don’t know [ ]  |

1. **Client support needs/ vulnerabilities**

|  |
| --- |
| ***Please tell us more about any support needs the client may have:*** |
| Mental Health [ ] Physical Health [ ]   | Substance misuse [ ] Offending [ ]   |
| **Additional details:** |
|  |
| What is this client’s nationality? |  |
| *(If not British National)* What is their immigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes [ ]  No [ ]  Don’t know [ ]  |

1. **Alleged perpetrator/s**

|  |
| --- |
| **Information about the alleged perpetrator, if known:** |
| Name |  |
| Relationship to survivor |  |
| Address |  |
| DOB |  |
| *If there is more than one alleged perpetrator, please provide additional details in the box below:* |
|  |
| **Are there any known risks to working with this client?**  |
| None |

Thank you for taking the time to complete this referral.

To submit your completed document or if you have any queries, please email advice@ndas-org.co.uk or call 0300 0120154.