**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](mailto:advice@ndas-org.co.uk) or call 0300 0120154.