**CouRAGEus Referral Form**

CouRAGEus is a partnership of agencies working across London. Advance is delivering this project in the London Boroughs of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster; providing support to Young Women survivors of violence:

* Aged 14 – 24 years of age
* Black and Minoritised girls and young women

Advance Charity are especially keen to support:

* Young women in Care or Leaving Care
* Young Mums (irrespective of if child/ren have remained with mum) or are Pregnant

The agencies that form CouRAGEus are ADVANCE, Ashiana Network, Galop, IKWRO, Jewish Women’s Aid, Nia Project, Respond, Solace Women’s Aid, Southall Black Sisters and Women and Girls Network. Jointly these agencies provide support across the different strands of Violence against Women including Domestic Abuse, Rape, Sexual Exploitation, Childhood Sexual Exploitation, Honour Based Violence, Forced Marriage and Female Genital Mutilation.

If you wish to refer to CouRAGEus please complete this form and send it to;

[angelou@advancecharity.org.uk](mailto:angelou@advancecharity.org.uk) or [secure.admin@advance.cjsm.net](mailto:secure.admin@advance.cjsm.net) or call us on 0208 741 7008 Mon-Fri 10am -6pm.

All CouRAGEus partners will attempt to make contact with all new referrals with 24 working hours of receipt and will update you if and when contact is successful. If this form is not fully completed it maybe returned to you before contact can be attempted.

**DATA PROTECTION STATEMENT**

**Please ensure that the victim/survivor is aware that the information gathered and included in the referral form is confidential and will be kept on file. This information will be shared with others within the CouRAGEus Partnership according to the needs of the victim/survivor. The information will only be disclosed to third parties without the victim/survivor’s consent if there is a significant risk of harm to a child or adult**

**CONSENT**

Has the victim/survivor consented to this referral

(Please check this box to confirm that consent has been obtained and note that the referral will only be accepted if consent has been obtained)

|  |  |
| --- | --- |
| **REFERRER’S DETAILS** | |
| Name |  |
| Agency |  |
| Borough |  |
| Phone number |  |
| E-mail address |  |
| **YOUNG WOMEN’S VICTIM/SURVIVOR’S DETAILS** | |
| Name |  |
| Date of birth |  |
| Ethnicity |  |
| Primary Language |  |
| Gender |  |
| Sexuality |  |
| Address |  |
| Telephone number |  |
| Please specify if it is safe to leave a message i.e does her partner or anyone that she is at risk from check her voicemails- does he work during the day, do they live together or are they separated |  |
| Email address |  |
| Please specify if it is safe to send an email |  |
| Specific needs of victim/survivor  (e.g. does the victim/survivor need an interpreter, are there specific times of day that are safest for the victim/survivor to be contacted, does the victim/survivor have supports needs around drug or alcohol misuse, mental health or disability?) |  |
| **Please include details of any current/previous social care involvement with the young person and their family/other members in their household:** | **Is the young woman subject to:**  Child protection plan  Child in need  Looked after child  Leaving care |
| Please provide contacts for the YW |  |
| Is the YW in education?  (please include |  |
| Is the YW pregnant? |  |
| Is the YW a carer? |  |
| YW carers details  (please identify who has full parental responsibility) |  |
| GP details |  |

|  |  |
| --- | --- |
| **Immigration Status** | |
| Nationality |  |
| Country of Origin |  |
| **If not UK Resident:** | |
| Nationality |  |
| County of Origin |  |
| Immigration Status |  |
| Recourse to public funds in UK? |  |

**Please ensure that, where possible, all relevant victim/survivor details are provided. This allows Angelou partner agencies to respond and offer support most effectively.**

|  |  |
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| **ALLEGED PERPETRATOR’S DETAILS** | |
| Name |  |
| Date of birth |  |
| Address |  |
| Relationship to victim/survivor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILDREN’S DETAILS**  **(Please complete for each child)** | | | | |
| Name |  |  |  |  |
| Date of birth |  |  |  |  |
| Address |  |  |  |  |
| Relationship To Perpetrator |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIFIC CLIENT REFERRAL NEEDS**  **(if more than one please list in numerical order)** | | | | | | | |
| Domestic Abuse |  | Rape |  | Honour Based Violence |  | Female Genital Mutilation |  |
| Sexual Abuse |  | Sexual Exploitation |  | Forced Marriage |  | Stalking and harassment |  |
| Gang related violence |  | Substance misuse |  | Self-harm |  | Eating disorders |  |
| Sexual Health |  | Anti-social behaviour |  |  |  |  |  |
| Criminal Justice |  | Civil Justice |  | Specific needs In relation to identifying as LGBT and experiencing gender based violence |  | Additional vulnerabilities- Please list |  |

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| **REASON FOR REFERRAL**  **(please include any details of other agencies and professionals involved – CAMHS, Substance misuse service, CFS)** |
| **Please note: All high risk cases should be referred to MARAC/SAFEGUARDING by your agency** |

|  |  |
| --- | --- |
| **FOR INTERNAL USE ONLY** | |
| Date of receipt of referral |  |
| Agency referral received by |  |
| Agency/staff member referral allocated to |  |