**Worth Services Domestic Abuse and Sexual Violence Referral Form**

**Please return the completed form:** [**worth.idva.services@westsussex.gov.uk**](mailto:worth.idva.services@westsussex.gov.uk)

**\*\*\*\* If your referral requires an immediate response, please call the Health Idva Team directly or the central Worth Hub on 03302 228181 \*\*\*\***

|  |  |
| --- | --- |
| **Referrer details** | |
| **Name** |  |
| **Hospital and Department** |  |
| **Email** |  |
| **Telephone number/ Ext** |  |
| **Date of Referral** |  |

|  |  |
| --- | --- |
| **Details of Person Requiring Support** | |
| Is this person aware of the referral and have they provided **consent?** |  |
| Name  Address |  |
| Address |  |
| Date of birth |  |
| Safe Contact details (phone/email/day/time/alternative person) |  |
| Ethnicity |  |
| Gender | Tra |
| Sexuality |  |
| Religion |  |
| Disability? |  |
| Is an interpreter needed? If yes which language? |  |
| Is a BSL signer required? |  |
| Pregnant? | Yes  No  If yes, what is the baby’s Estimated Due Date (EDD)? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of family living with the client (including any children/other family members) | | | | |
| Name(s) | | Relationship | Date of birth | Address |
|  | |  |  |  |
| Details of Alleged Perpetrator(s) (person/s causing harm) | | | | |
| Name(s) | Relationship | | Date of birth | Address |
|  |  | |  |  |

|  |
| --- |
| **Referral Information (Brief overview of current situation, domestic abuse concerns, risks identified and/or disclosures made)** |
|  |
| **Have there been any reports made to the police in relation to the abuse? If Yes, please provide any known details** |

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**Worth Domestic Abuse Services**

**West Sussex County Council**

**Integrated Front Door (IFD)**

**1st Floor**

**County Hall North**

**Horsham**

**RH12 1XA**