

Equation Referral Form

**For the Elevate Youth Club- Young male and LGBTQ+ people.**

# How to complete this referral:

By completing this referral form, you’re helping us to contact the client as safely and quickly as possible. We’d appreciate it if you could include as much information as possible - this saves the client from being asked the same questions twice and helps us to understand more about their individual needs and circumstances.

# How to submit this referral:

Please complete and return by email to:

**Non secure email** (please send password protected): referrals@equation.org.uk

**Secure email:** idva.referrals@equation.cjsm.net

**IMPORTANT NOTES:**

1. **Please contact Equation on 0115 960 5556** to inform you have sent a referral. This will provide confirmation that your referral has reached us from your email account.
2. We will complete an assessment with the client to determine if they are suitable for the youth club. This will include completing a DASH with the client.

# Eligibility criteria for this service:

*Please be sure to check that the client meets the following criteria before making the referral:*

# You have received the consent of the survivor to share this information and make the referral to us. Please confirm (YES/NO)

1. To your knowledge the client is not a perpetrator of domestic abuse
2. To your knowledge the client has experienced domestic abuse
3. The client identifies as Male or LGBTQ+ and wishes to join the youth club
4. The client is 16-22 years old
5. There is a **safe** means of contacting the client (either by phone, letter, or joint meeting with your service)
6. The service user lives in Nottinghamshire or Nottingham City

# How to get in touch:

If you have any questions about our service, eligibility criteria, or how to make a referral, please contact

**Equation on 0115 960 5556**

* 1. **Information about the person making the referral**

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| --- |
| 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 information**

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| --- |
| **Contact information** |
| First name |  |
| Last name |  |
| Other names |  |
| What do they like to be called? |  |
| Pronouns | He/him☐ She/her☐ They/them☐Self-describe☐:  |
| DOB |  |
| **Addresses** |
| Current address |  |
| Current Local Authority |  |
| Local Authority of origin (if different) |  |
| Does the perpetrator live at this address? | Yes ☐ No ☐ Don’t know ☐ |
| Safe contact notes: |  |
| **Contact info** |
|  | *Details* | *Safe to contact?* |
| Phone |  | ☐ |
| Email |  | ☐ |
| Safe contact notes |  |
| Client Next of Kin details (ifknown – not alleged perp) |  |
| Client GP details (if known) |  |
| Other organisations/workers supporting survivor (and their details) |  |

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| **Accessibility requirements** |
| Does this client have any accessibility requirements (for example, hearing loop, braille documents) | Yes ☐No☐ Don’t Know ☐ | *If yes, please provide details:* |
| Does this client require an interpreter? | Yes ☐No☐Don’t Know ☐ | *If yes, please provide details:* |

* 1. **Client equalities monitoring**

|  |  |
| --- | --- |
| How would this client describe their gender? | Female ☐ Male ☐ Gender Queer☐Intersex ☐ Non-binary ☐ Trans man ☐ Trans woman ☐Other: ☐Prefer not to say ☐ |
| Is their current gender different to the sex they were assigned at birth? | Yes ☐No ☐Don’t know ☐Prefer not to say ☐ |
| 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 ☐Don’t Know ☐Other disabilities/comments: |
| 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 ☐ | 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 ☐ |

|  |  |
| --- | --- |
| Any other Asian background ☐Chinese ☐Arab ☐ | Other (please specify):Don’t Know ☐ |
| Do they have a faith/ religion? |
| Agnostic ☐ Atheist ☐ Baha’i ☐ Buddhist ☐ Christian ☐ Hindu ☐ Humanist ☐Jain ☐ | Jewish ☐ Muslim ☐ None ☐ Rastafari ☐Sikh ☐Zoroastrian ☐Other (Please specify): Prefer not to say ☐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 or romantic orientation?(tick one option) | Asexual ☐ Aromantic ☐ Bisexual ☐Gay ☐Heterosexual ☐Lesbian ☐ Pansexual ☐ Prefer not to say ☐Queer ☐Questioning ☐Other (Please specify): ☐Don’t Know ☐ |

* 1. **Client Interests**

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| ***Please tell us more about any interests the client may have and what they want to access at the youth club:*** |
| Mental Health/Wellbeing ☐ | Art activities ☐ |
| Confidence boosting☐ | Book club ☐ |
| Healthy relationship work ☐ | Social/Making friends ☐ |
| CV/Employment support ☐ | Music ☐ |
| College/University application support ☐ | Performing arts (Drama)☐ |
| Sports activities☐ |  |

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| --- | --- |
|  | Other (Please specify): ☐ |
| **Additional details:** |  |
| What is this client’s nationality? |  |
| *(If not a British National)* What is theirimmigration status? |  |
| *(If not a British National)* Do they have access to Public Funds? | Yes ☐ No ☐ Don’t know ☐ |

* 1. **Reason for referral**

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| **Why are you making this referral – how could this client benefit from our support?** |
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| **Are there any known risks to working with this client?** |
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