

Turning the Spotlight referral form

Please complete and return this form to turningthespotlight@victimsupport.org.uk

If you have access to CJSM, please send your completed form to:

dvpp.referrals@victimsupport.cjsm.net

For further information contact: **07919 393311**

Name of referring organisation:	Name of referring practitioner:
Contact telephone number for referrer:	Email address for referrer:
Date of referral:	
Please confirm consent has been given for this referral Yes/No	Is there evidence of any escalation of violence or aggression in the home? Yes/No
Has a risk assessment been completed? Yes/No What type? Eg DASH/OASys/SARA/ Initial assessment/Parenting assessment	Level of risk identified and summary of key risks:

Client consent

I/We give permission for details to be passed on to Turning the Spotlight (TtS). I understand that I will be contacted by a TtS member of staff to discuss what they can offer.

Signed:

Date:

I/We understand that relevant information on our participation with TtS will be fed back to the referring agency.

Signed:

Date:

Client one details

Name Gender: Male/Female		
Date of birth		
Address		
Postcode		
Preferred telephone number for contact		Preferred contact time(s)
Email		
Employment status		

Client two details

Name Gender: Male/Female		
Date of birth		
Address		
Postcode		
Preferred telephone number for contact		Preferred contact time(s)
Email		
Employment status		

Relationship status

Status of partner relationship: Please tick the current status of the relationship.

Married Cohabiting Divorced Separated Other

Children

Name	Date of birth	Client one's relationship to child. eg father, mother, step-parent	Is child subject to CP?	Client two's relationship to child. eg father, mother, step-parent	Parental responsibility? Yes/No

Reason for referral

Please provide a brief summary and include details of any child protection concerns

Participation

Are there any known issues that may affect the client's ability to participate in TtS programmes of support? Eg disability, mental health, substance misuse, literacy issues?

Yes/No

If yes, please provide details below.

This does not necessarily preclude any client from TtS, but is important information in terms of determining suitability and support required.



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