**01225 984189
07523 506239
EMAIL REFERRALS TO: referrals@voicescharity.org** 

Request for support Form

Would you like support from VOICES? Please fill out this form and we will get back to you as soon as we can to discuss your needs and how we can help. If you need help filling out this form please call us on 01225 984189 or email: referrals@voicescharity.org

We will use this information in order to offer support. We will store this information confidentially on our secure system.

For more information see our Privacy Policy: https://voicescharity.org/privacy-and-cookies-policy/

Most questions are optional so you can choose what you tell us. If you are filling this out in Word, simply click on the boxes to tick the box. [x]

For cyber security, we advise you to send this form as a password protected document and to delete any copies that may be on your computer.

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| Who is making this request?  |
| [ ]  I am filling out this form to request support for myself (or someone else is helping me fill this in) |
| [ ]  I am filling out this form on behalf of a client for a referral agency. These are my professional contact details:  |
| Agency | Name | Telephone number | Email |
|  |  |  |  |

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| --- |
| CONTACT DETAILS (of the person needing support) |

First name: |
|  |
| Surname: |
|  |
| Date of birth: |
|  |

|  |
| --- |
| Postcode: |
|  |
| Best telephone number to contact you: |
|  |
| Is this number safe to contact you at all times? |  [ ]  Yes [ ]  No |
| Can we leave a voicemail or text this number?  |  [ ]  Yes [ ]  No |
|  |
| Email address: |
|  |
|

|  |  |
| --- | --- |
| Is it safe to email you?  |  [ ]  Yes [ ]  No |

 |
| What is your preferred method of contact?

|  |
| --- |
|  [ ]  Email  [ ]  Phone call [ ]  Text  [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| DEPENDENT CHLDREN |
|  |
|  [ ]  I have \_\_\_\_ dependent children (please include the number of children you have)  [ ]  I do not have dependent children Are you pregnant? Yes / No / Maybe (delete as appropriate)  [ ]  Other ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| CRECHE |

If you would like to attend the Freedom Programme, would you like a place for any preschool child/ren in the creche?

|  |
| --- |
| [ ]  Yes (we will discuss this with you) [ ]  No [ ]  N/A |

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| --- |
| CURRENT SITUATIONPlease tick one or more that apply to you: |

|  |
| --- |
| [ ]  I have concerns about my current relationship [ ]  I am experiencing some kind of abuse/ controlling or coercive behaviour[ ]  I am living with the person who is abusive or controlling[ ]  I need support for domestic abuse or coercive control suffered in the past [ ]  Other/ I’m not sure  |
|  |
| Domestic abuse can affect many other areas of a person's life. Please tick as many of the below boxes to let us know if there is anything else you would like help with so we can plan how to access this support.  |
|  |
| [ ]  Stalking/ harassment[ ]  Abuse within my Community/ Faith/ Family [ ]  Abuse that relates to my identity, age, sexuality, race, religion or gender[ ]  Building relationships with family and friends[ ]  Keeping myself or my children safe[ ]  Housing[ ]  Financial/ Welfare Benefits[ ]  Parenting[ ]  Support for children [ ]  Family or Criminal Court process[ ]  Physical / Mental health[ ]  Drug or Alcohol related need[ ]  Emotional wellbeing[ ]  Employment, training or education[ ]  Other - tell us more \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| LEGAL PROTECTION/ PROCEEDINGS |
| Are there any court orders of protection currently in place relating to any family members? (E.g. Non-molestation order, Prohibitive Steps, Restraining order etc.)Or any legal proceedings happening or due to happen? This might be in the Civil, Family or Criminal Court System. |
|  [ ]  Yes [ ]  No  |
| If ‘Yes’ then please give further details: |
|   |

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| --- |
| OTHER AGENCY INVOLVEMENT |
| Have the police been involved? |
|  [ ]  Yes [ ]  No |
| If ‘Yes’ then when was the last time? (month/year) |
|  |
| Have you and/or your family been heard in MARAC (Multi-agency Risk Assessment Conference)? |
|  [ ]  Yes [ ]  No [ ]  Don’t know |
| Are you currently receiving support from any other organisations? |
|  [ ]  Yes [ ]  No |
| If ‘Yes’ then tick all that apply:

|  |
| --- |
|     [ ]  Victim Support    [ ]  Southside IDVA Service    [ ]  Southside Family Service        [ ]  Safe Link        [ ]  Children’s Social Services     [ ]  Adult’s Social Services    [ ]  Julian House     [ ]  Renew Refuge       [ ]  CAFCASS / NYAS  [ ]  DHI          [ ]  Connecting Families     [ ]  Bath Area Play Project (BAPP)  [ ]  Citizen’s Advice Bureau [ ]  Trauma Recovery Centre (TRC)     [ ] Off The Record        [ ]  Private Counselling     [ ]  BANES Talking Therapies   [ ]  New Way    [ ]  Probation    [ ]  CPS        [ ] Midwife / Health visitor     [ ]  School Nurse    [ ]  Mental Health Team |

 |
| Other organisations:  |
|  |

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| ACCESSIBILITY REQUIREMENTS |

Do you have any physical, learning or communication difficulties we need to be aware of to allow you to access support at VOICES?

|  |
| --- |
|  [ ]  Yes [ ]  No |

If yes, please tell us more

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| --- |
|  |

Do you need an interpreter?

|  |
| --- |
|  [ ]  Yes [ ]  No |

What is your primary language?

|  |
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| CONSENT |

I have checked that the information on this form is accurate and I consent to VOICES holding these details.

I understand my information will be kept securely and confidentially and stored on VOICES secure database and Oasis On Track (Women’s Aid system) in accordance with the Data Protection Act and used for the purposes of supporting me.

I consent to Voices sharing information relevant to my support with the referring agency :

Yes/ No/ NA (delete as appropriate)

I consent to Voices sharing information with the other agencies supporting me (and listed above)

Yes/ No/ NA

I understand that VOICES will not pass information on to any other parties without my consent except in the case of a serious safeguarding concern.

Client Signature:

Date:

|  |
| --- |
| AGENCY CONSENT FROM CLIENT |

My client has checked that the information on this form is accurate and consented to Voices holding these details.

Yes / No / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My client understands that:**

Information will be kept securely and confidentially and stored on Voices database and Oasis On Track (Women’s Aid system) in accordance with the Data Protection Act and used for the purposes of support.

Voices may share information relevant to my support with the referring agency :

Yes/ No/ NA

Voices may share information with the other agencies supporting me (and listed above)

Yes/ No/ NA

Voices will not pass information on to any other parties without consent except in the case of a serious safeguarding concern.

Signature of the referrer:

Date:

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| --- |
|   **How did you hear about VOICES?** [ ] Professional recommendation. Which organisation?[ ]  Family / friend recommendation[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ANY ADDITIONAL NOTES OF INFORMATION (OPTIONAL) |
| NOTES: |
|  |

**Equalities Monitoring Form**

Collecting, analysing and using equalities information helps us to understand how our policies and activities are affecting various sections of our communities and helps us to identify any inequalities that may need to be addressed.

We will be grateful if you could complete this optional part of the form. The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.

|  |
| --- |
| 1. **Age** *Please tick one box*
 |
| [ ]  18-24  | [ ]  25-40  | [ ]  41-60  | [x]  60 and over  |
| 1. **Sex** *Please tick the box that best describes you*
 |
| [ ]  Female | [ ]  Male | [ ]  Intersex |
| [ ]  Gender queer | [ ]  Non-Binary | [ ]  Other (please specify) |
| [ ]  Don’t know | [ ]  Prefer not to say  |  |
| 1. **Are you transgender?**
 |
| [ ]  Yes  | [ ]  No  | [ ]  Don’t know  | [ ]  Prefer not to say  |
| 1. **Ethnicity** *Please tick the box that best describes your ethnic group*
 |
| **White** | **Black or Black British** |
|  [ ]  British |  [ ]  African |
|  [ ]  Irish

|  |
| --- |
|  [ ]  Gypsy/Roma / Irish / Other Traveller |
|  [ ]  Eastern European[ ]  White Other (please specify) |

 |  [ ]  Caribbean [ ]  Other (please specify):

|  |
| --- |
| **Mixed / Multiple Ethnic Background** |
|  [ ]  White and Black African |
|  [ ]  White and Black Caribbean |
|  [ ]  White and Asian |
|  [ ]  Other (please specify): |

 |
| **Asian or Asian British**

|  |
| --- |
|  [ ]  Indian |
|  [ ]  Pakistani

|  |
| --- |
| [ ]  Bangladeshi |
|  [ ]  Chinese[ ] Asian Other (please specify) |

 |

 |  **Other**

|  |
| --- |
| [ ]  Any other ethnic background(please specify): |
|
|
|
| [ ]  Don’t know [ ]  Prefer not to say |

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| 1. **Religion** *Please tick as appropriate*
 |
| [ ]  Christian | [ ]  Hindu | [ ]  Other (please specify): |
| [ ]  Muslim | [ ]  Sikh | [ ]  Prefer not to say |
| [ ]  Jewish | [ ]  Rastafarian  |  |
| [ ]  Buddhist | [ ]  No Religion  |  |
| 1. **Sexual orientation** *Please tick the box that best describes your sexual orientation*
 |
| [ ]  Heterosexual | [ ]  Bisexual | [ ]  Gay | [ ]  Lesbian |
| [ ]  Queer | [ ]  Pansexual | [ ]  Asexual | [ ]  Don’t know |
|  | [x] Prefer not to say [ ]  Other (please specify): |
| 1. **Marriage and Civil Partnership** *Please tick the box that best describes you*
 |
| [ ]  Single  | [ ]  Married  | [ ]  Co-habiting | [ ]  In a civil partnership[ ]  Prefer not to say |
| [ ]  Separated [ ]  In a relationship but not living together  | [ ]  Divorced  | [ ]  Widowed[ ]  Don’t know  |
| 1. **Language** *Please tick the box that best describes your language*
 |
| [ ]  English  | [ ]  Arabic  | [ ]  French  | [ ]  Manderin |
| [ ]  Hindu [ ]  Spanish  | [ ]  Polish [ ]  Turkish  | [ ]  Portuguese[ ]  Don’t know | [ ]  Somali[ ]  Prefer not to say |
| Other (please specify): |

|  |
| --- |
| 1. **Disability** *Please tick the box/boxes that best describes your disability*
 |
| [ ]  Physical | [ ]  Learning | [ ]  Hearing |
| [ ]  Vision | [ ]  Mental Health | [ ]  Long-term Condition |
| [ ]  Speech impairment | [ ]  Prefer not to say  |  |