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**Doncaster Domestic Abuse Hub Self-Referral Form**

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| **Your details** | |
| **Today’s date:** |  |
| **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **National Insurance Number:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Where did you find out about the Domestic Abuse Hub?** |  |
| **Preferred method of communication:** | Telephone Call  Text  Email |
| **Is it safe to make contact:** | Is it safe to phone? Yes  No  Is it safe to leave a message on this phone? Yes  No  Is it safe to text? Yes  No  Is it safe to send a letter? Yes  No  Alternative safe number: |
| **Safe times to call:**  **If only safe at specific times please give details.** |  |
| The following information is collected so that we can ensure that our services are accessed by all victims of domestic abuse. It also helps us with future campaigns to encourage any person in Doncaster experiencing domestic abuse to get help. We will not discriminate against you. | |
| **Gender**  *Please tick* | Female  Male  Non-binary  Prefer not to say |
| **What pronoun would you like us to use for you?** | There is no obligation to answer, but it will help us address you as you wish to be addressed.  She/Her  He/His  They/Their  Other  Prefer not to say |
| **Sexual Orientation**  *Please tick* | Bisexual  Gay/Lesbian  Heterosexual / Straight  Other  Prefer not to say |
| **Do you have a transgender history?** | Yes  No  Prefer not to say |
| **Do you have a disability?**  *Please tick* | Yes  No  Prefer not to say |
| **Reasonable Adjustments Needed** | E.g. ground floor access, a hearing loop etc. |
| **Your ethnicity**  *Delete as appropriate* | Asian / Asian British (including Chinese, Indian, Pakistani, Bangladeshi and any other Asian background)  Black / African / Caribbean / Black British  Mixed / Multiple Ethnic Groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed/multiple ethnic background)  White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, any other White background)    Other Ethnic Group (including Arab and any other ethnic group)    Not stated |
| **Immigration status** |  |
| **Do you speak and/or read English?**  **Is an interpreter needed and if so which language?** | I speak English Yes  No  I read English Yes  No  Interpreter needed – please give details: |

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| **Who is being abusive towards you:** | Name:  DOB:  Address: |
| **Relationship of this person to you** e.g. partner, ex-partner, son, daughter, etc**.** |  |
| **Children’s Details:** | Name:  DOB:  Address:  Name:  DOB:  Address:  Name:  DOB:  Address: |

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| **Please tell us a little bit about what has been happening to you** |
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| **Are you working with any other agencies in relation to domestic abuse** e.g. South Yorkshire Police, Doncaster Children’s Services Trust etc.? |
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| **What help and support would you like?**  Don’t worry if you don’t know what is available – we can tell you about options when we contact you. |
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| Doncaster Council’s Domestic abuse team will coordinate and allocate all referrals. Are there any partner agencies in the Hub that you do not agree for your information to be shared with?  *Delete any agency that you do NOT consent to share information with* | * Phoenix WoMen’s Aid * Riverside |

**Please email completed form to:** [**dahub@doncaster.gov.uk**](mailto:dahub@doncaster.gov.uk)