



# 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.

A service by:



[victimsupport.org.uk](http://victimsupport.org.uk)

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