 

**DART courses run in line with school term dates and during school hours, please ensure you can attend. We only accept referrals for:**

**Children aged 7-14 years old**

**Only one sibling per family**

**Children who are not living with the perpetrator of abuse.**

**PLEASE NOTE FORM MUST BE FULLY COMPLETED AND ACCEPTANCE ON THE COURSE IS SUBJECT TO ASSESSMENTS AFTER REFERRAL HAS BEEN RECEIVED.**

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| **Today’s Date:** |  |

**Your Details**

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| **Your Forename** |  |
| **Your Surname** |  |
| **Your Nationality** |  |
| **Your First language** |  |
| **Your Date of Birth** |  |
| **Your Gender** | **Please circle which applies**  FEMALE NON-BINARY TRANSGENDER |
| **Your Sexual orientation** | **Please circle which applies**  HETEROSEXUAL/STRAIGHT GAY WOMAN/LESBIAN  BISEXUAL NOT DISCLOSED  NOT ASKED OTHER |
| **Your Address** |  |
| **Your Postcode** |  |
| **Your Telephone number** |  |
| **Your Email address** |  |
| **Your Ethnicity** |  |
| **Do you have a disability?** |  |
| **Do you have any access needs?** If YES, please detail | **YES NO** |

**Child’s Details**

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| **Name of your child** |  |
| **Child’s Date of Birth** |  |
| **Child’s Gender** |  |
| **Child’s Ethnicity** |  |
| **Child’s first language** |  |
| **Does your child have a disability?** |  |
| **Does your child have any access needs?** If YES, please detail | **YES NO** |
| **What is the child’s relationship to you?** |  |
| **Which school does your child attend?** Please provide contact details if possible |  |
| **Child’s current school year** |  |

**Perpetrator’s details (if any of this information is unknown, you can leave the boxes blank)**

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| **Perpetrator’s Full Name** |  |
| **Perpetrator’s Date of Birth** |  |
| **Current address (including postcode)** |  |
| **Relationship to you** |  |
| **Perpetrator’s Ethnicity** |  |
| **Does the perpetrator have any contact with you?** | **Please circle as appropriate**  **YES NO** |
| **Does the perpetrator have any contact with your child?** | **Please circle as appropriate**  **YES NO** |
| **Please outline the nature of this contact** |  |
| **Is the perpetrator on any programme?** | **Please circle as appropriate**  **YES NO**  **If YES, please specify** |
| **Please include information about**  **any criminal convictions relating**  **to domestic abuse**: |  |

**Family Composition Details**

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| **Siblings (Names and Ages)** |  |
| **Other members of the household and their relationship to the child:** |  |

**Significant others (extended family/friends/professionals) who are not members of your household**

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| **Name** | **Name** |
| **Relationship** | **Relationship** |
| **Address** | **Address** |
| **Telephone** | **Telephone** |

**Reason for referral**

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| **Why do you think you and your child could benefit from attending the DART group work programme?** Please describe any current difficulties you are experiencing and give relevant background information, including information regarding the history of domestic abuse. |

**Difficulties you are experiencing and/or concerns**

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| **Please outline difficulties you, your identified child and / or other children in the family may be experiencing** |

**Significant events and issues**

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| **For you, your identified child and other children in the family** |

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| **Is your child aware of this referral?** Yes No  **If so, what support do they want, if known?** |

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| **Are you in agreement with other agencies being contacted?** **YES NO** |

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| **How long has it been since you left the violent relationship?** (Please state timescales) |

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| **Please advise us of the best way to contact you. E.g. Email, telephone etc.**  **Are there any issues that may need to be considered when making contact to ensure the safety you and your children?** |

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| **Has there been a history of violence or intimidation towards professionals?**  If yes, please give brief details: |

**Child Protection Information**

**Is your child subject to a Child Protection Plan? YES NO**

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| **Name of Child subject to a Child Protection Plan** | **Category of Abuse** | **Registration and De-registration Dates** |
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| **Are there any Court Orders in place?** **YES NO** If YES then please state the type of order, date issued and duration: |

**Other Agency Involvement**

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| **Agency** | **Worker’s Name and Designation** |
| CHILDREN’S SOCIAL CARE  Address:  Tel. No.: |  |
| HEALTH  Address:  Tel. No.: |  |
| EDUCATION  Address:  Tel. No.: |  |
| POLICE  Address:  Tel. No.: |  |
| OTHER  Address:  Tel. No.: |  |

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| **Are you aware of any agencies which may be able to assist with childcare/transport arrangements to enable you and your child to attend the group?** **YES NO**  If YES, please state: |

Signature of Mother……………………………………………………………………………..Date……………………………………

**For Office use Only**:

Date referral received ........................................................

Action to be taken …..........................................................................................................................................................................

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