

**Paragon Isle of Wight Domestic Abuse Service**

Phone 0800 234 6266

Email [paragoniow@theyoutrust.org.uk](mailto:paragoniow@theyoutrust.org.uk)

Referring Agency: -

Name of Referrer: -

Telephone Number: -

Email address:-

Self-referral - how did you hear about the service?

**PARAGON Service Required:**

**1:1 SUPPORT Domestic Abuse**

**SAFE ACCOMMODATION HOME SAFETY (SANCTUARY)**

**RECOVERY GROUPS COUNSELLING**

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| **Client Details** (please check that the individual feels safe to talk) | | | | |
| Name: (if child please complete the rest of the form with the parent/carer details) | | | | |
| I give consent for my details to be forwarded to Paragon:  Signature Verbal consent given YES/NO | | | | |
| Address:  Post Code:  **May we send letters to this address? YES/NO**  Phone:  Home: Mobile:  **Are all phones safe to call? YES / NO**  **Will anyone else answer? YES /NO**  **May we leave a text message? YES/NO**  **Is it safe to email? YES/NO**  Email: | | | | |
| DOB | Age | | Gender | |
| Ethnic Origin | | | Sexual Orientation | |
| Child 1  Age  Gender  Living with Client Yes/No | | Child 2 Name  Age  Gender  Living with Client Yes/No | | Child 3 Name  Age  Gender  Living with Client Yes/No |
| Please add any additional children here (including those who do not normally reside at the property) | | | | |

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| **REFERRAL INFORMATION (must be completed for all referrals)**  Brief Description of client’s current situation, type of abuse, historical or recent  **Have any incidents been reported to the police? Incident Number / Name of Officer** |
| **Details of person causing harm or victim details if referral is for perpetrator support** |
| Name of Person causing harm/victim:  Date of Birth:  Do they reside at the same address – YES/NO  If No, what is their address: -    Relationship to person causing harm/victim of abuse:  Partner Ex-Partner Son Daughter Father Mother Other Family Member  *(please circle relationship)* |

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| Additional vulnerabilities and/or risk factors for person referred: |
| Other agencies involved: |

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| **Referrer:**  Signature  Date |

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| **Data Protection Statement (please read to the client)**  By submitting this referral form to Paragon, you agree to our processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate on your behalf.  If you are offered a place at one of our refuges or safe houses, we may need to pass your information to the landlord – Sovereign Housing, although we only do this on the understanding they keep the information confidential.  We may also disclose your information if we have a duty to do so, or if the law allows us to.  As data processor, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you. |