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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | **Has the client consented to referral?**  Yes  No ***Referrals will not be accepted without the consent of the client*** | | | | | | |
| **Have you checked the Eligibility criteria on page 3 of this form?** Yes  No | **Are they still living with the Alleged Perpetrator?** Yes  No  ***Please note that we cannot accept referrals if the client is still living with the Alleged Perpetrator.*** | | | | | | |
| **Client’s Details:** | | | | | | | |
| Name:  NHS No. if known: | | DOB: | | Gender: Choose an item. | | | |
|
| Address:  Postcode:  Is this a safe address to send correspondence to?  Yes  No | | Telephone number:  Email address:  Preferred method of contact:  Is it safe to leave a message on this contact number?  Yes  No | | | | | |
|
| Ethnicity: Choose an item. | | Language Spoken:  Requires Interpreter?  Choose an item. | | | | | |
| Religion: | | Do you have a disability or long term health condition? | | | | | |
| Relationship Status: | | Sexual Orientation: Choose an item. | | | | | |
| Does the client have any children? | | | | | Yes | | No |
| If so, please provide their names and DOB: | | | | | | | |
| Is the client the main carer for these children? | | | | | Yes | | No |
| Are the children known to children’s services? Please specify the status: LAC/CIN/CP | | | | | Yes | | No |
| **Referrer Details:** | | | | | | | |
| Name: | | Organisation and Position: | | | | | |
|
| Address: | | Email: | | | | | |
| Phone: | | | Fax: | | |
| Does the client have a **history of domestic abuse?** Please provide more details below | | | | | Yes | | No |
| Has a **risk assessment** been completed for this client? Please attach with this referral | | | | | Yes | | No |
| Has a referral to **MARAC** been completed? | | | | | Yes | | No |
| Has this crime been reported to the police? | | | | | Yes | | No |
| **Reason/s For Referral** (P*lease include any information which may be useful to assist with the referral e.g. information related to domestic abuse, mental health, drug and alcohol, vocational/educational, physical health, including past/current risk assessments).* | | | | | | | |
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| **Name of GP**: | | | Surgery/Practice/Clinic: | | | | |
|
| Address: | | | Email: | | | | |
| Phone: | | | Fax: | |
| **Is the client linked in with any other services? e.g. social services, drug & alcohol services, mental health services, probation etc.** If yes, please provide details: | | | | | | | |
| **Eligibility Criteria for BRAVE:**   * Women and men who have been in violent and/or abuse relationships and experience psychological/emotional difﬁculties (for example low mood, anxiety, trauma symptoms). * Living in East Berkshire (Slough, RBWM, Bracknell) and Wokingham. From 01/23 referrals are accepted from Reading & West Berkshire * Must be safely away from the alleged perpetrator * Over 18 years old. * Willing to learn new skills to manage emotions to avoid longer term difﬁculties. * Be open to a small group intervention (groups will be single sex). Individuals will not be asked to talk about their stories or experiences in the group. Currently all groups are being held online.   **Exclusion Criteria:**   * Clients with substance misuse issues that may be the primary problem or may interfere with ability to make use of treatment. * Contra- indicators to therapy may significantly increase risk or the client cannot engage because of situational, environmental, practical, or social reasons e.g., on-going legal proceedings, homelessness etc. * Individuals who are engaging in other forms of therapy * Clients who have enduring mental health challenges which may be better served by secondary mental health teams. * Inclusion and exclusion criteria are considered on a case-by-case basis. | | | | | | | |

**Risk Assessment**

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| --- |
| **Risk of Suicide/ Harm to Self** |
| **Risk of Accidental/Unintentional harm to Self** |
| **Risk of Harm to Others** |
| **Risk of Harm from Others and Vulnerability** |
| **Other Risks - Including Falls And Or Physical Health Risks (please provide further details not mentioned above)** |

**Please return the completed referral form and updated risk assessment to:** [**Brave@berkshire.nhs.uk**](mailto:Brave@berkshire.nhs.uk)