



# Professionals Referral

Although we accept self-referrals, we'd really rather professionals didn't signpost people to us. It's incredibly hard to make a disclosure of abuse, for some people it can take years to find the courage to ask for help. If someone has trusted you enough to tell you they've experienced abuse or been raped and ask you to help them please don't ask them to call a phone number, visit a website or walk in to a building to tell a person they don't know. They may never find the courage again.

**Please ensure that the service you are referring to is available within your local area prior to making your referral**

## North Lincolnshire

Adult Domestic Abuse Support Services  
Adult Independent Sexual Violence Adviser  
Children's Independent Sexual Violence Adviser  
Young Person's Independent Sexual Violence Adviser  
Young Person's Independent Domestic Violence Advocate  
Counselling Service for Domestic Abuse and Sexual Violence Survivors

## North East Lincolnshire

Adult Independent Sexual Violence Adviser  
Children's Independent Sexual Violence Adviser  
Young Person's Independent Sexual Violence Adviser  
Counselling Service for Domestic Abuse and Sexual Violence Survivors  
High Risk Domestic Abuse Support - **REFERRALS ONLY AVAILABLE VIA MARAC**

## Hull

Adult Independent Sexual Violence Adviser  
Children's Independent Sexual Violence Adviser  
Young Person's Independent Sexual Violence Adviser

## East Riding of Yorkshire

Adult Independent Sexual Violence Adviser  
Children's Independent Sexual Violence Adviser  
Young Person's Independent Sexual Violence Adviser

## What happens next?

Our team will acknowledge your referral within 4 working hours of receipt. If we don't have any queries this will usually be by email detailing that it has been received and is awaiting allocation to a worker. Contact details for the Manager responsible for allocation will be provided. This is why it is vital that the referral form contains all the information you have. Incomplete or inaccurate referral forms will result in allocation being delayed and may be rejected.

Acute and emergency referrals will be contacted within 24 hours of receipt of referral; all other referrals will be contacted within 3 working days.

## Domestic Abuse Referrals

Direct referrals for high risk domestic abuse clients cannot be accepted by The Blue Door. MARAC Referrals must be made following local MARAC Operating Protocols. All agencies are expected to conduct their own assessments of risk levels and make referrals appropriate to the individual risk level.

**To discuss your referral or for general advice and guidance please call us on 0800 197 4787**

Return this form to  
[referrals@thebluedoor.org](mailto:referrals@thebluedoor.org)

For gov secure email users please return to  
[domesticabuse.referrals@thebluedoor.cjsm.net](mailto:domesticabuse.referrals@thebluedoor.cjsm.net)  
or  
[isva.referrals@thebluedoor.cjsm.net](mailto:isva.referrals@thebluedoor.cjsm.net)

Name			
Parent/Carer (if under 18)			
Mobile No.		Date of Birth	
Home Tel. No.		Ethnicity	
Contact Requests e.g. Safe to call,		Disability	
Address		Language	
		Use of Alcohol	
Postcode		Use of Drugs	
Immigration Status		Other needs	

**Alleged Perpetrator Details - If known**

Name			
Address		Vehicle Details	
		Occupation	
Postcode		Risk to staff	
Date of Birth		Serial Perpetrator	

**Children**

CYPS Status		Social Worker	
Subject(s) Of Court Orders		Order Details	
Name		Name	
Date of Birth		Date of Birth	
School/Nursery		School/Nursey	
Parental Responsibility	Perpetrator	Client	Parental Responsibility
		Victim	
Name		Name	
Date of Birth		Date of Birth	
School/Nursery		School/Nursey	
Parental Responsibility	Perpetrator	Client	Parental Responsibility
		Client	
Relevant information e.g. Child Contact			

**Referrer Details**

Referrer Name		Agency Name	
Agency Address		Contact No.	
		Email	

Detail of Incident(s)				
Age at time of incident(s)		Multiple incidents	YES	NO
Type of abuse				
Rape		Domestic Abuse		
Sexual Assault		Stalking / Harassment		
Child Sexual Abuse		Other (please specify)		
Sexual Exploitation / Trafficking		Other (please specify)		
Please outline abuse experienced				
Have incidents been reported to the Police?			YES	NO
Crime or Log Number		OIC Name		
If YES, what was the outcome/current status?				
Investigation ongoing		Convicted at trial		
NFA By Police		Acquitted at trial		
Withdrew support for prosecution		NFA by CPS		
Awaiting trial		Awaiting CPS Decision		
Details of reported incident				
<b>Required information for Domestic Abuse Referrals</b>				
Relationship Status		Housing Status		
Target Hardening		Landlord		
DASH RIC Score		Risk Level		
Is the client aware of the referral?			Yes	No
Have they consented to the referral?				
Please outline any identified support needs				