

PALADIN SELF-REFERRAL FORM

Paladin referrals should be sent by **secure email or other secure method to info@paladinservice.co.uk**. If you are sending from a secure email account (.pnn; .gsi; .gov;) please email **info@paladinservice.co.uk.cjsm.net**

Referring Agency			
Contact Name(s)			
Telephone/Email			
Date of Referral			
Victim Name		Date of Birth	
Diversity Data (if known)	<input type="checkbox"/> White English / Scottish/Welsh/ Northern Irish UK <input type="checkbox"/> White Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background <input type="checkbox"/> Mixed ethnic background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Any other <input type="checkbox"/> Unknown	Religion or Belief (if known)	<input type="checkbox"/> No Religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other Religion <input type="checkbox"/> Unknown
Address			Disability: <input type="checkbox"/> Yes / <input type="checkbox"/> No
			Sexuality: <input type="checkbox"/> Heterosexual / <input type="checkbox"/> LGBT
Telephone number		Is this number safe to call?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		Is it safe to leave a message?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Email Address		Is this email safe for us to use?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Please insert any relevant contact information e.g. times to call			
Perpetrator(s) name (if known)		Perpetrator(s) Date of Birth	
Perpetrator(s) address		Relationship to victim	

Children (please add extra rows if necessary)	Date of Birth	Relationship to victim	Relationship to perpetrator	Address	School

Reason for Referral / Additional Information

Reason for Referral (Please give a brief background)	
Have you spoken/reported to any agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No <i>If so, who?</i>
Has the perpetrator been arrested? <i>If so – what were they charged with? Police bail conditions?</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Is there a local Domestic Violence service involved?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable <i>If so, what are their contact details?</i>
Has the perpetrator attend(ed) court? <i>(Include details of charge, bail conditions, next court hearing date)</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
Have you been risk assessed using DASH? Please complete it from website if not and attach to your referral.	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
Has S-DASH 11 stalking questions been used? Please complete it from our website if not.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Has the National Stalking Helpline been contacted?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Who are you afraid of? (to include all potential threats, and not just primary perpetrator)	