

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**

Date of Referral						
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						
Person(s) name who is stalking you (if known)				Perpetrator(s) Date of Birth		
Perpetrator(s) address				Relationship to you		
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)		
How did you hear about Paladin?		