

## Paladin Referral Form

Paladin referrals should be sent by **secure email or other secure method to [info@paladinservice.co.uk](mailto:info@paladinservice.co.uk)**. If you are sending from a secure email account (.pp; .gsi; .goc;) please email [info@paladinservice.co.uk.cjism.net](mailto:info@paladinservice.co.uk.cjism.net)

<b>Date of Referral:</b>		<b>Is this a self referral?</b> (if no complete referring agency details)	Y / N	<b>How did you hear about Paladin?</b>	
<b>Referring Agency</b> Agency name: Contact name(s): Telephone Number: Email Address:					
<b>Victim Name:</b>		<b>Date of Birth &amp; Age:</b>			
<b>Address:</b>	<b>Safe to write?</b>	<b>Alternative address:</b>	<b>Safe to write?</b>		
	Y / N		Y / N		
<b>Police Division (Lancashire, Derbyshire etc):</b>					
<b>Contact Number:</b>			<b>Number safe to call</b> <b>Number safe to leave message</b> <b>Is email safe for us to use</b>	Y / N	
<b>Email Address:</b>				Y / N	
<b>Code word/safe time to call or any relevant contact information</b>				Y / N	
<b>Other useful tel no. (e.g. family members / colleague / friend)</b>			<b>Employment details:</b>		
<b>Gender Identity:</b>			<b>Religion:</b>		
<b>Ethnicity:</b>			<b>Languages Spoken:</b>		
<b>Translator required:</b>			<b>Nationality:</b>		
<b>Sexual Orientation:</b>			<b>Immigration status and any concerns:</b>		
<b>Disability / literacy or numeracy difficulties – Please detail:</b>					
<b>Name of perpetrator(s) who is stalking:</b> (If known)			<b>Perpetrator(s) Date of Birth:</b>		
<b>Perpetrator(s) Address:</b>			<b>Relationship to you (Victim):</b>		
<b>Children Names:</b> (please add extra rows if necessary)	<b>Date of Birth:</b>	<b>Relationship to Client:</b>	<b>Relationship to perpetrator:</b>	<b>Address:</b>	<b>School:</b>

**Paladin Referral Form**

Paladin referrals should be sent by **secure email or other secure method to [info@paladinservice.co.uk](mailto:info@paladinservice.co.uk)**. If you are sending from a secure email account (.pp; .gsi; .goc;) please email [info@paladinservice.co.uk.cjism.net](mailto:info@paladinservice.co.uk.cjism.net)

<b>Agencies currently involved with the family:</b> (Local Domestic Abuse Services, Children's Social Care, Mental Health Services, Probation etc)	<b>Name of worker:</b>	<b>Name of agency:</b>	<b>Email:</b>	<b>Contact number:</b>
<b>Background for Referral:</b>				
<b>Have the incidents been reported to the Police?</b>	Y / N	<b>Is there current or has there been previous Police Involvement?</b>	Y / N	
<b>Please provide details:</b> (Court attendance, Bail conditions, Any orders in place, details of charges etc...)				
<b>Paladin Checklist:</b> (Please ensure these are completed before the referral is sent)	Explanation of Paladin provided (agency referral only)			Y / N
	Referral form fully completed to the best of your knowledge			Y / N
	Stalking Risk Assessment completed			Y / N
	Confidentiality and Information Sharing Agreement completed			Y / N
	Has a Safe lives Risk Assessment been completed (if applicable)			Y / N / N.A
	Has the victim been referred to MARAC (if applicable)			Y / N / N.A
Is there a Safety Plan in place (if applicable) please include this with the referral			Y / N / N.A	