

Paladin 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 (.pp; .gsi; .goc;) please email info.mailbox@paladin.cism.net

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

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Agencies currently involved with the family: (Local Domestic Abuse Services, Children's Social Care, Mental Health Services, Probation etc)	Name of worker:	Name of agency:	Email:	Contact number:
Background for Referral:				
Have the incidents been reported to the Police?	Y / N	Is there current or has there been previous Police Involvement?	Y / N	
Please provide details: (Court attendance, Bail conditions, Any orders in place, details of charges etc...)				
Paladin Checklist: (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	