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**Self-Referral Form – email to: iMatterprogramme@victimsupport.org.uk**

Please fill in **all** parts of the form. Restricted when completed.

**No HIGH RISK REFERRALS ACCEPTED – In an emergency please contact 999**

\* You are NOT living in the same home as the alleged perpetrator (unless the person who harms is their child and they are under 16 and at school)

\* Childcare is available – you have childcare available for when you particpant in the programme.

\* For safety reasons, camera must be on during ZOOM sessions

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Name preferred |  |
| Address |  | \*Most recent DASH score (if you have one) |  |
| Languages Spoken |  | | |
| Gender preference of initial contact staff member | Female ⃝ Male ⃝ No preference ⃝  Please note that all programme facilitators are female. | | |
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| **Personal details:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | | | |
| Mobile Number: | | | |
| Landline Number: | | | |
| Email Address: | | | |
| **Please delete as appropriate** | | | |
| **Is it safe to call?** | | Yes | No |
| **Is it safe to leave a message?** | | Yes | No |
| **Is it safe to text?** | | Yes | No |
| **If safe, when is the best time to call ie school hours, office hours, evening etc.** | | | |
| **Landline number -** | **Is it safe to call?** | Yes | No |
| **Is it safe to leave a message?** | Yes | No |
| **If safe, when is the best time to call:** | | |
| **Email address -** | **Is it safe to email?** | Yes | No |
| **Preferred method of contact** |  | | |
| **Preferred Language:** |  | | |

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| **Additional Needs (physical disabilities/learning difficulties/mental health issues)** |
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| **Give a description of your background and why you want to be referred onto the iMatter programme? (Circumstances/History/Abuse)** |
|  |
| **Risks and safety planning (Have you worked with a DA service before?** |
|  |

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| **Other professionals working with the family:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Organisation** | **Role/position** | **Contact details** |
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| --- | --- |
| **Signature** |  |
| **Date:** |  |

For further details and information on the iMatter Programme

Please contact [IMatterProgramme@victimsupport.org.uk](mailto:IMatterProgramme@victimsupport.org.uk)

**Restricted when completed**