

PLEASE NOTE THAT A COMPLETED DASH RISK ASSESSMENT MUST ACCOMPANY THIS REFERRAL OR DETAILS OF THE OUTCOME

CLIENT VICTIM DETAILS

Name of client/victim:		DOB:	Risk area(s)*:
Address:			
Contact:			Safe to contact via: Please state which: call leave voicemail text
Details of best / safe times to contact:	Language/communication needs:		Does the person have access to public funds? Yes / No
Children's details:	Name:	DOB	Details of where they're living
<i>Pregnant?:</i>			
<i>Lengh:</i>			

PERPETRATOR DETAILS (if known)

Perpetrator Name		Relationship to victim
Address:		Place of work

DASH ASSESSMENT OUTCOMES (if any...) / TYPE OF ABUSE:

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REFERRAL AGENCY DETAILS

Name of referrer:		Agency:	
Contact number/ email		What is the agency's involvement with the victim/family?	

Brief history / details of reason for referral (including any needs already identified such as accommodation/Outreach) :

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