**BRIDGE Project Referral Form**

**Bedford Borough and Central Bedfordshire**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Adult being referred for support** | | | |
| **Forename** | **Surname** | **Date of Birth:** | **Ethnicity:** |
| **Address Details** | | | |
| **House Number / Name:** | **Street:** | **Town:** | **Post Code:** |
| **Contact Details (please indicate preferred contact method)** | | | |
| **Home number:** | **Work number:** | **Mobile number:** | **E-Mail address:** |
| **Employment Status Gender Sexuality Vulnerabilities (alcohol,**  **drugs, mental health,other)** | | | |
|  |  |  |  |
| **Disability** | **Religion** | Languages spoken | Interpreter Required |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Partner/ex-partner details** | | | |
| **Forename:** | **Surname:** | **Date of Birth:** | **Ethnicity:** |
| **Address Details (if different from above)** | | | |
| **House Number / Name:** | **Street:** | **Town:** | **Post Code:** |
| **Contact Details (please indicate preferred method of contact)** | | | |
| **Home number:** | **Work number:** | **Mobile number:** | **E-Mail address:** |
| **Employment Status Gender Sexuality Vulnerabilities(alcohol,**  **drugs, mental health,other)** | | | |
|  |  |  |  |
| **Disability** | **Religion** | **Languages spoken** | **Interpreter required?** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Is it safe to contact partner/ex-partner in the following ways? (if you answer ‘no’ please explain in “Other Information”)** | | |
| **Email** | **Telephone** | **Safe to leave voicemail?** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Children Relationship** | | | | | **Where are the children living** |
| **Name** | **Date of Birth** | **Mother** | **Father** | **To child** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referrers details** | | | | | |
| **First Name:** | | **Surname:** | | **Job Title:** | |
| **Agency:** | | **Tel:** | | **E-Mail:** | |
| **Other agency involvement** | | | | | |
| **Are there/were there other agencies involved?** Choose an item. | | | | | |
| **Name:** | **Job Title & Agency:** | | **Contact details:** | | **Currently Involved?** |
|  |  | |  | |  |
| **Reason for referral (please provide as much information as possible)** | | | | | |
| **Current Concerns**  **(What has prompted this referral?)** | | | **Are there any current police investigations or outstanding court proceedings (Criminal, child contact or other)** | | |
| **Details of most recent incident with partner/ex partner** | | | **Are there any order in place preventing contact with partner/ex partner or children** | | |
| **Has the victim ever been referred to MARAC/Has the perpetrator ever been referred to MAPPA** | | | **Is the client or their partner/ex partner engaging in any counselling now or in the past** | | |
| **Other Information**  **(Please include any concerns you think we should be aware of**  **& include any risk assessments)** | | | | | |
| **Do any of the following apply or have been completed:**  **(Please supply copies of EHA’s CP/CiN minutes, TAF/CiN/CP Plans and dates of any relevant meetings such as Case Conference/Core Groups/TAF)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Applicable**  **(please tick)** | **Status (Live / Closed)** | **Date of Closure**  **(if applicable)** | **Date of next  multi-agency meeting** | | **EHA / TAF** |  |  |  |  | | **Child in Need** |  |  |  |  | | **Child Protection** |  |  |  |  | | **Looked After Child** |  |  |  |  | | | | | | |
| **Consent & data protection agreement** | | | | | |
| *ECP takes data protection very seriously and is committed to protecting your privacy. (Please visit* [*www.ecpbedford.org*](http://www.oneymca.org) *to view our Privacy Policy)  We will process the personal information you provide in a manner which is compliant with all applicable data protection legal requirements.* ***Information provided will not be shared with any third parties without prior consent unless it is necessary for the safeguarding/protection of a child or vulnerable adult***   |  |  | | --- | --- | | I agree to the referral and understand why it is being made and my role within it | Yes / No | | I understand that this is a voluntary process/referral and I can withdraw my consent at any time | Yes / No | | I understand that information relating to myself or my child’s needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer | Yes /No | | I understand that the referral and information relating to myself or my child’s needs will be logged securely on an electronic data management system which is hosted and accessible by Bedford Borough Council | Yes / No | | I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with ECP | Yes / No |  |  |  |  |  | | --- | --- | --- | --- | | Signature of adult being referred: |  | Verbal Consent Obtained? | Date: | | Referrers Signature: |  | | Date: |   By circling ‘Yes’ under verbal consent rather than obtaining a signature the referrer is confirming that all necessary consent requirements in this referral have been explained to the parent/carer and understood. The referrer is also confirming that the full content of the referral has been communicated to the parents/carers concerned. | | | | | |

**Services requests can be emailed to** [**Bridgeproject@ecpbedford.org**](mailto:Bridgeproject@ecpbedford.org)

**Once the referral has been received a member of ECP staff will contact the referrer regarding next steps.   
If you have any queries please contact a member of the team on 0300 323 0245**