

Multi Agency Referral Form
Committed to Ending Abuse (CEA)

Referrer Details

Date:

Referred by:

- Name:
- Job title:
- Organisation:

Referrer Address:

Referrer direct telephone number:

Referrer email address:

DATA PROTECTION:

By signing the box below, I confirm that:

- The person understands that they are being referred to CEA.
- and they consent to this referral.
- and consent to the sharing of the information provided.
- for the purposes of processing information in relation to child and adult protection matters, GDPR [has] no impact on the practitioner's ability to share proportionate and relevant information to appropriate authorities for the purposes of safeguarding.

Signature:	
Print Name:.....	Date:

Note: When completing this referral form for support from CEA, please complete all or as much of the form as possible in order to help expedite the referral process. If the form is not complete a member of our staff will contact the referrer before the referral can be accepted

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Client Details

This form should be completed to request support for a person who is currently experiencing domestic abuse or who has experienced historic domestic abuse. Please provide as much information and detail as possible to enable CEA to understand the immediate risks and complete the referral process. The referrer continues to have responsibility for the person being referred until CEA completes relevant paperwork.

Name of person being referred:

Date of Birth: Ethnicity: Gender:

National Insurance Number:

Type of domestic abuse:

Current abuse (within 6 months) Historic abuse (out with 6 months)

Familial abuse?..... Is the person previously known to CEA?.....

Please provide a safe telephone number we can use to contact:

Is it safe for us to say we are calling from CEA when we call?

Is it safe to leave a voice mail?

Address:

Does the client have Children?

Name and date of birth of any children:.....

Perpetrators Name: Date of Birth:

Address: Relationship to person:.....

