



Please refer to the eligibility criteria when completing this referral.

DART courses run in line with school term dates and during school hours, please ensure mothers can attend. We only accept referrals for:

- Children aged 7-14 years old
- Only one sibling per family
- Children who are not living with the perpetrator of abuse.

**PLEASE NOTE FORM MUST BE FULLY COMPLETED AND ACCEPTANCE ON THE COURSE IS SUBJECT TO ASSESSMENTS AFTER REFERRAL HAS BEEN RECEIVED.**

|                         |  |
|-------------------------|--|
| <b>DATE OF REFERRAL</b> |  |
|-------------------------|--|

**Mother's Details**

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Mother's Forename</b>      |  |  |   |
| <b>Mother's Surname</b>       |  |  |   |
| <b>Nationality</b>            |  |  |   |
| <b>First language</b>         |  |  |   |
| <b>Mother's Date of Birth</b> |  |  |   |
| <b>Gender</b>                 | <b>Please circle which applies</b><br>FEMALE    NON-BINARY    TRANSGENDER            |  |   |
| <b>Sexual orientation</b>     | <b>Please circle which applies</b><br>HETEROSEXUAL/STRAIGHT<br>BISEXUAL<br>NOT ASKED |  | GAY WOMAN/LESBIAN<br>NOT DISCLOSED<br>OTHER |
| <b>Address</b>                |  |  |   |
| <b>Postcode</b>               |  |  |   |

|  |                      |
|--|----------------------|
| <b>Telephone number</b>                    |                      |
| <b>Email address</b>                       |                      |
| <b>Ethnicity</b>                           |                      |
| <b>Disability</b>                          |                      |
| <b>Access needs? If YES, please detail</b> | <b>YES</b> <b>NO</b> |

**Referrer Details**

|  |  |
|--|--|
| <b>Contact Name/s</b>                      |  |
| <b>Agency Name (if any)</b>                |  |
| <b>Telephone Number</b>                    |  |
| <b>Email address</b>                       |  |
| <b>Agency address (including postcode)</b> |  |

**Child's Details**

|                                     |  |
|-------------------------------------|--|
| <b>Name of Child being referred</b> |  |
| <b>Date of Birth</b>                |  |
| <b>Gender</b>                       |  |
| <b>Ethnicity</b>                    |  |
| <b>First language</b>               |  |
| <b>Disability</b>                   |  |

|  |            |           |
|--|------------|-----------|
| <b>Access needs?</b> If YES, please detail   | <b>YES</b> | <b>NO</b> |
| <b>Relationship to Mother</b>  |            |           |
| <b>Which school does the referred child attend?</b> Please provide contact details if possible |            |           |
| <b>Current school year</b>   |            |           |

**Perpetrator's details**

|  |  |
|--|--|
| <b>Perpetrator's Full Name</b>                   |  |
| <b>Perpetrator's Date of Birth</b>               |  |
| <b>Current address (including postcode)</b>      |  |
| <b>Relationship to Mother</b>                    |  |
| <b>Ethnicity</b>                                 |  |
| <b>Any contact with the mother?</b>              | <b>Please circle as appropriate</b><br><b>YES</b> <b>NO</b>                                  |
| <b>Any contact with the child?</b>               | <b>Please circle as appropriate</b><br><b>YES</b> <b>NO</b>                                  |
| <b>Please outline the nature of this contact</b> |  |
| <b>Is the perpetrator on any programme?</b>      | <b>Please circle as appropriate</b><br><b>YES</b> <b>NO</b><br><b>If YES, please specify</b> |

|  |  |
|--|--|
| <p>Please include information about any criminal convictions relating to domestic abuse:</p> |  |
|--|--|

**Family Composition Details**

|  |  |
|--|--|
| <p>Siblings (Names and Ages)</p>   |  |
| <p>Other members of the household and their relationship to the child:</p> |  |

**Significant others (extended family/friends/professionals) who are not members of referred person's household**

|              |              |
|--------------|--------------|
| Name         | Name         |
| Relationship | Relationship |
| Address      | Address      |
| Telephone    | Telephone    |

**Reason for referral**

|  |
|--|
| <p><b>Why do you think this mother and child could benefit from attending the DART group work programme?</b> Please describe any current difficulties and give relevant background information, including information regarding the history of domestic abuse.</p> |
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**What are the views of the mother to this referral?**

Are they in agreement with other agencies being contacted? YES NO

**How long has it been since the mother left the violent relationship? (Please state timescales)**

**Please advise us of the best way to contact the family, and any issues that may need to be considered when making contact to ensure the safety of the woman and her children**

**Has there been a history of violence or intimidation towards professionals?**  
If yes, please give brief details:

**Child Protection Information**

Is the child subject to a Child Protection Plan? YES NO

| Name of Child subject to a Child Protection Plan | Category of Abuse | Registration and De-registration Dates |
|--|-------------------|--|
|  |                   |  |

**Are there any Court Orders in place?** YES NO

If YES then please state the type of order, date issued and duration:

**Other Agency Involvement**

| Agency  | Worker's Name and Designation |
|---|-------------------------------|
| CHILDREN'S SOCIAL CARE<br>Address:<br><br>Tel. No.: |                               |
| HEALTH<br>Address:<br><br>Tel. No.:                 |                               |
| EDUCATION<br>Address:<br><br>Tel. No.:              |                               |
| POLICE<br>Address:<br><br>Tel. No.:                 |                               |
| OTHER<br>Address:<br><br>Tel. No.:                  |                               |

|   |
|---|
| <p><b>Would any agencies be able to assist with childcare/transport arrangements to enable the woman and child to attend the group?    YES                          NO</b></p> <p>If YES, please state:</p><br><br> |
|---|

Signature of Mother.....Date.....

Signature of Referrer.....Date.....

**For Office use Only:**

Date referral received .....

Action to be taken

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