**One Voice 4 Travellers 3rd party reporting form for domestic abuse**

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| --- | --- |
| **Referring agency** | **One Voice 4 Travellers** |
| **Our case number** |  |
| **Contact name** |  |
| **Phone** |  |
| **Email** |  |
| **Date of referral** |  |
| **Referral being made to (insert name of police force)** |  |
| **Name/contact details of person receiving referral** |  |

**Information about the survivor**

|  |  |
| --- | --- |
| **Name** |  |
| **Any other names known by** |  |
| **DOB/Age** |  |
| **Current address** |  |
| **Any previous addresses in past 12 months** |  |
| **Phone number** |  |
| **Is this number safe to call?** | **Yes/No** |
| **Is there another safe way to contact the victim e.g. via a safe family member?** |  |
| **Relationship to perpetrator** |  |
| **Summary of the concerns which have led to this referral** |  |
| **Is the victim aware of this 3rd party report?**  |  |
| **Has consent been given?** |  |
| **Has a personal safety plan been discussed with victim? Please give brief details** |  |
| **Who is the victim afraid of?** (**to include all potential threats, not just primary perpetrator)**  |  |
| **Warning markers?** |  |
| **Is the victim pregnant?****If yes, give approximate due date** | **Yes/No** |

**Profile information about the victim/survivor**

|  |  |
| --- | --- |
| **Gender** | **M/F** |
| **Occupation** |  |
| **Ethnicity** | **Gypsy Traveller Roma** |
| **Is the victim BME? (give details)** |  |
| **Does victim have a disability?** **(give details)** |  |
| **Accommodation type** | **House****Caravan****Other (give details)** |
| **If caravan is location** | **Private site** **LA site** **Roadside** **Other (give details)** |
| **Type/s of abuse experience (please list)** |  |

**Information about perpetrator**

|  |  |
| --- | --- |
| **Name** |  |
| **Any other names known by** |  |
| **DOB/Age** |  |
| **Current address** |  |
| **Any previous addresses in past 12 months** |  |
| **Relationship to victim** |  |
| **Any warning markers?** |  |
| **Gender of perpetrator** |  |
| **Ethnicity** | **Gypsy Traveller Roma** |
| **Is the perpetrator BME? (give details)** |  |
| **Does perpetrator have a disability? (give details)** |  |

**Information about any children under the age of 18**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Age****DOB** | **Relationship to victim** | **Relationship to perpetrator** | **Where is child living?** | **Attending school/ education facility yes/no** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Are there any child safety concerns? (please give details)**

**Other agency involvement**

|  |  |
| --- | --- |
| **Are any other agencies involved with the victim, perpetrator or children in this family? (please give details)** |  |
| **Has a referral been made to any other agency? (please give details)** |  |

**Any additional relevant information**