

**APPENDIX 3****SANCTUARY SCHEME REFERRAL FORM**

**Please complete the form as fully as possible and email to:**

**[Sanctuary.Scheme@broxtowe.gov.uk](mailto:Sanctuary.Scheme@broxtowe.gov.uk)**

**and**

**[spc@broxtowe.gov.uk](mailto:spc@broxtowe.gov.uk)**

**to prevent delays in processing the application**

**Eligibility Criteria**

- Survivors must live in the area they are applying the scheme through
- It is safe for the survivor to remain living in the property
- Survivor must have the right to occupy the property as either a sole owner or tenant
- The perpetrator must not be living in the property and has no legal right to enter i.e., not joint tenant or owner
- Survivors are already engaging and will continue to engage with domestic abuse specialist support services
- Survivors must not be actively seeking/bidding for other properties
- Any requests for works must be accompanied with relevant justification as to the reason for carrying out the work. (e.g. Request for a lock to first floor window because perpetrator is known to climb and access this way)
- Only works which prevent access to a property by a perpetrator or prevent homelessness will be considered, unless a specific risk is identified
- If the property is owned by a family member, registered provider or a private landlord then consent must be given in writing before the works can be carried out
- If the property is owned by Broxtowe Borough Council, then permission will be required from the Housing Department
- The occupier or their representative must be present at the property when the works are carried out
- Any dogs in the property must be secured before assessors or contractors will enter the property
- If any property conditions pose a health risk to any assessors or contractors, then this must be addressed prior to the work being carried out
- Applications for Alarm and CCTV systems will not be considered

- Applications for security measures which do not prevent direct access to the property such as fences and gates will not be considered unless minor repairs would add to the overall security

**NB.** Council Officers, The Police and Contractors will make 3 attempts to contact the applicant to arrange for assessments to be made or works to be completed where these go unanswered and unreturned the application will be closed.

- Mandatory sections for application to be processed

* Referrer Details	
Full name:	
Job title:	
Organisation name:	
Email:	
Contact telephone:	
Preferred method of contact:	
Date of referral:	

* Applicant Details		
Full name (including any aliases):		
Date of birth (including any aliases):		
Address where sanctuary installations are required:		
Contact telephone:		
Email:		
Is it safe to leave a message?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support from Domestic Abuse Agencies (please list full engagement/support to date)		

<b>Gender</b>		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer to self-describe:		
<b>Sexual orientation</b>		
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Gay Woman/Lesbian
<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Prefer to self-describe		
<b>Ethnicity</b>		
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani  <b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese  <input type="checkbox"/> Other Asian background		
<input type="checkbox"/> Caribbean <input type="checkbox"/> African  <b>Black, Black British, Caribbean, or African</b> <input type="checkbox"/> Other Black, Black British, or Caribbean background		
<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African  <b>Mixed or multiple ethnic groups</b> <input type="checkbox"/> White and Asian  <input type="checkbox"/> Other Mixed or multiple ethnic background		
<input type="checkbox"/> English, Welsh, Scottish, Northern Irish, or British <input type="checkbox"/> Irish  <b>White</b> <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma  <input type="checkbox"/> Other White background		
<b>Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group		

<input type="checkbox"/> Prefer to self-describe:		<input type="checkbox"/> Prefer not to say	
Interpreter needed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify language:			
Is the applicant able to provide an interpreter (family member, friend who they trust and give permission to translate)? If yes, please provide their name and contact details:			
<b>Disability</b>			
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Mental impairment
<input type="checkbox"/> No disability	<input type="checkbox"/> Prefer not to say		
Please provide any information on adjustments that may need to be made to best support the applicant:			
<b>Additional support needs</b>			
No Recourse to Public Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the applicant an ex-prisoner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>*Household Details</b>				
<b>Accommodation type</b>				
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Terraced
<input type="checkbox"/> Other (please specify):				
<b>Tenure type</b>				
<input type="checkbox"/> Council housing	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Privately rented	<input type="checkbox"/> Privately owned	
Other (please specify):				
Name(s) on tenancy or mortgage:				
Landlord or Owner of the property (name/address/contact details):				
<b>Additional property information</b>				
Are there any pets at the property? (assessments and installations may not be carried out where pets are not secured)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	
Is the property dual use? E.g., licensed premises, business etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	

Is the property isolated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Is the property subject to any listed building consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:

<b>*Other occupants living at the property</b>			
Name	Gender	Date of birth	Relationship
Is anyone at the property pregnant?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

<b>*Applicant Safety</b>	
Name of perpetrator:	
Date of Birth:	
Address and whereabouts of perpetrator (in prison, staying with friends or family):	
Brief description of recent domestic abuse incidents and risks (risk of arson, breaking and entering, police involvements)	
DASH risk assessment completed:	<input type="checkbox"/> Yes

(DASH form is required and should be submitted with the application)		
Please provide the RIC score:		
Applicant referred to MARAC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the date of the MARAC meeting:		
Police involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Risk of arson	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		

Any other concerns regarding the risk from the perpetrator or those connected to the perpetrator (e.g. access to weapons, their occupation)

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Has the applicant been referred to a specialist domestic abuse service or is currently supported by specialist domestic abuse service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide details:		
Interim measures required for the applicant's safety (e.g. emergency lock changes/emergency accommodation while they wait for installation)		
Any concerns that the perpetrator may find out about the installation (e.g. from neighbours, relatives, children, social media etc.)		
Any concerns that the perpetrator may be let into the property (consider risks for housing in multiple occupation, blocks of flats etc. Does the perpetrator attend the property as part of ongoing child contact?)		
Civil order in place to restrict the perpetrator from the property	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes, please include the expiry date:

**\*Installation details**

Specific requests from the client / additional needs that may affect the installation (e.g. restricted mobility, property type)

Requests or concerns from the client regarding the assessment and installation of works (e.g. a man entering the property, would like someone present for support, requesting that the installer use a password)

**\*Information sharing and consent**

The information contained on this form will be passed to the following agencies:

- Nottinghamshire Police
- Relevant Local Authorities
- Nottinghamshire Fire and Rescue Service
- Security Installer
- Housing Provider/Landlord

You will be contacted by the sanctuary scheme coordinator who will visit you to assess your property type to identify what security devices are safe and appropriate to install. The coordinator will share the information with the security installer who will arrange an appointment for the installations.

The personal data that we collect will be stored securely by all agencies involved, and identifiable information will not be shared with anyone who is not involved in the scheme. Anonymised and collated data will be shared with the scheme's funders (for example, the number of people supported who are female, or the number of people supported who have a disability).

The scheme coordinator would like to contact you 3 to 6 months after the installation to gather feedback on how well the scheme is working. Again, this is voluntary and is not a requirement of having the scheme installed in your home.

You can withdraw your consent to any part of the scheme at any time by letting the professional who referred you know or by telling the scheme coordinator.

**I consent to have Sanctuary Scheme installed in my home**

Yes  No

**I consent for an agency involved in administering this scheme to contact my landlord (if applicable) for permission for Sanctuary Scheme installations to be carried out**

Yes  No

**I consent to have my information shared with the organisations involved in delivering the Sanctuary Scheme**

Yes  No

**I consent for the scheme coordinator to contact me 3 to 6 months after the Sanctuary Scheme is installed to gather feedback on the works**

Yes  No

**Signed.....**