Appendix 4

SANCTUARY SCHEME REFERRAL FORM

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. Permission of property owner required if a tenant.
- The perpetrator must not be living in the property and has no legal right to enter i.e., not joint tenant or owner. (Occupation order will be considered).
- Survivors must not be seeking/bidding for other properties. (If a survivor is waiting a considerable length of time for a move, interim sanctuary scheme measures will be considered).

Each case will be assessed based on its unique needs. Please contact our coordinator should you have any inquiries regarding the criteria.

Self-referrals may be accepted but the applicant must engage with a specialist Domestic Abuse service prior to the application progressing.

1. Referrer Details (if not a self-referral)	
Full name:	
Job title:	
Organisation name:	
Email:	
Contact telephone:	
Preferred method of contact:	
Date of referral:	

2. Applicant Details	
Full name (including any aliases):	
Date of birth (including any aliases):	
Address where sanctuary installations are required:	
Contact telephone:	
Email:	

Has the applicant been referred to a specialist domestic abuse service or is currently supported by specialist domestic abuse service?	☐Yes	☐No
Case worker details if different from the referrer: (please provide full name and phone number)		
Is it safe to leave a message?	☐Yes	☐No
Please specify if there is any particular day or time of the day applicant prefers to be contacted:		
Interpreter needed:	☐Yes	☐No
If yes, please specify language:		

Additional support needs		
No Recourse to Public Funds	☐Yes	☐ No
Pregnant	☐Yes	☐No
Is the applicant an ex- prisoner	☐Yes	☐No
Any other needs (please specify:		

3. Household Details				
Accommodation type				
☐Bungalow	☐ Flat	☐ Maisonette	☐ Semi-detached	☐Terraced
☐ Other (please specify):				
Tenure type				
☐Council housing	☐ Housing Association	☐Privately rented	☐ Privately owned	
☐Other (please specify):				
Name(s) on tenancy or mortgage:				

Landlord or Owner of the property (name/address/contact details – phone number and email):			
Additional property information			
Are there any pets at the property? (assessments and installations may not be carried out where pets are not secured)	☐ Yes	☐No	Details:
Is the property dual use? E.g., licensed premised, business etc	☐ Yes	☐ No	Details:
Is the property isolated? (the property is physically separate or remote from a settlement.)	☐Yes	☐No	Details:
Is the property subject to any listed building consent?	☐Yes	☐No	Details:

Other occupants living at the property

Name	Gender	Date of birth	Relationship

Is anyone at the property pregnant?	☐Yes	☐No

4. Applicant Safety		
Name of perpetrator:		
Date of Birth (if known):		
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) Include incident and crime reference numbers where applicable.		
DASH risk assessment completed:	☐ Yes	
Please provide the RIC score:		
Applicant referred to MARAC	☐ Yes	☐No
If yes, please provide the date of the MARAC meeting:		
Police involvement	☐Yes	☐No
If yes, please provide the Crime Reference Number or the reason for raised risk:		
Risk of arson	☐ Yes	☐ 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)		
Any 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	☐Yes	☐No
If yes, please include the expiry date:		

5. 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)

6. Applicant Demographic Details		
Gender		
☐ Female	☐ Male	☐ Prefer not to say
☐ Prefer to self-describe:		
Sexual orientation		
☐Bisexual	☐Gay Man	☐Gay Woman/Lesbian
☐Heterosexual/Straight	☐Transgender	☐Prefer not to say
☐Prefer to self-describe		
Ethnicity		
White	☐English, Welsh, Scottish, Northern Irish, or British	☐Irish
	☐Gypsy or Irish Traveller	☐ Roma
	☐Other White background	
Asian or Asian British	☐Indian	☐Pakistani
	☐Bangladeshi	☐Chinese
	☐Other Asian background	
	☐Caribbean	☐African

Black, Black British, Caribbean, or African	☐Other Black, Black British, or Caribbean background			
Mixed or multiple ethnic groups	☐White and Black Caribbean	☐White and Black African		
	☐White and Asian	☐Other Mixed or multiple ethnic background		
White	☐English, Welsh, Scottish, Northern Irish, or British	☐Irish		
	☐Gypsy or Irish Traveller	☐Roma		
	☐Other White background			
Other ethnic group	☐Arab	☐Other ethnic group		
	☐Prefer to self-describe:	☐Prefer not to say		
Disability				
☐Physical	☐Learning disability	☐Mental illness	☐Mental impairment	
☐No disability	☐Prefer not to say	☐Other:		
Please provide any information on adjustments that may need to be made to best support the applicant:				

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 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 undertake work to install security devices in my home.

☐ Yes ☐ No

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

☐ Yes ☐ No

I consent to having my information shared with the organisations involved in delivering the Sanctuary Scheme.

☐ Yes ☐ No

I consent to the scheme coordinator contacting me 3 to 6 months after the Sanctuary Scheme is installed to gather feedback on the works.

☐ Yes ☐ No

I consent for body cameras to be used by Council workers during any site visits made as part of the scheme.

☐ Yes ☐ No

I consent to my case being referred to a specialist Domestic Abuse support service if I have self-referred

☐ Yes ☐ No

Signature of survivor (if present):		Date:
Signature of referrer to confirm the survivor has verbally agreed to this referral and subsequent visits to their property in connection with Sanctuary Scheme.		Date:

The completed form should be sent to sanctuary.scheme@broxtowe.gov.uk