

## Outreach Referral Form



## Working in the Community

Outreach Office: 019121670

Email: [outreach@aoibhneas.org](mailto:outreach@aoibhneas.org)

Web: [www.aoibhneas.ie](http://www.aoibhneas.ie)

<b>1. Referrer's Details:</b>	<b>Self-Referral</b> <input type="checkbox"/>	<b>Agency</b> <input type="checkbox"/>
Name		
Agency		
Job title		
Address		
Phone		
Email		

## 2. Main Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Phone: \_\_\_\_\_

Nationality: \_\_\_\_\_

Legal Status: \_\_\_\_\_

Language: \_\_\_\_\_

Is an interpreter needed: Y / N

Housing Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### 3. Children

Name	Surname	M/F	D.O. B	Relationship	Living with	School	Medical History

### 4. Social Work Involvement

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address and Contact details: \_\_\_\_\_

### 5. Other Agencies Involvement

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address and Contact Details: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address and Contact Details: \_\_\_\_\_

## 6. Domestic Abuse Experience

**Type of abuse:**

Coercive Control  Emotional  Physical  Sexual  Financial  Digital

Details:

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Relationship with perpetrator/s: \_\_\_\_\_

Living together: Y  N

Length of abuse: \_\_\_\_\_

Additional abuser/s: Y  N

➤ Please outline the reason for referral: \_\_\_\_\_

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Any other information Aoibhneas may need to be aware of?

➤ What would be the safest way to make contact? (phone call, text message, email, etc)

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\*Please note initial contact will be through private number unless stated it is safe to contact otherwise.

 **For crisis support, please call our 24-Hour Freephone Helpline: 1800 767 767**



## 7. Consent Agreement

- I agree and understand the information recorded on this form and the purpose for which has been collected, and give consent for my information to be recorded by Aoibhneas in line with General Data Protection Regulation Legislation.
- I give permission to Aoibhneas Outreach to share/request, on a need-to-know basis, any relevant details of my case with statutory and non-statutory agencies.
- I fully understand that if a concern arises about my child(ren) while working with Aoibhneas, a referral must be made to the Child and Family Agency.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referrer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Send Referral Form

Once complete please return the referral form by confidential means to Aoibhneas Domestic Abuse Support Service, Outreach Service, via post to Aoibhneas, PO Box 5504, Dublin 17 or e-mail at [outreach@aoibhneas.org](mailto:outreach@aoibhneas.org)

### Office Use Only

Date Received: \_\_\_\_\_

Catchment Area: \_\_\_\_\_

Suitability: Y / N

Waiting List: Y / N

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_