|  |  |  |  |
| --- | --- | --- | --- |
| **REFERER details** | | | |
| **Date of referral:** |  | **Organisation’s name:** |  |
| **Name of person making referral:** |  | **Position:** |  |
| **Telephone number** |  | **E-mail address:** |  |

**POLISH DOMESTIC VIOLENCE HELPLINE**

tel. **01270 747690**, public helpline no: **0800 061 4004**

e-mail: [info@polishdvhelpline.org](mailto:info@polishdvhelpline.org)

address: PO Box 158, Crewe, CW1 4FB

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**Referral form for counselling**

|  |  |  |
| --- | --- | --- |
| **CLIENT details** | | |
| **Name of CLIENT:** |  | |
| **Support type you are requesting:** |  | |
| **DOB:** |  | |
| **Address:** |  | |
| **Consent for the referral and confidentiality rule:** |  | |
| **Nationality:** |  | |
| **Gender:** |  | |
| **Is it safe to contact?** | Phone number: | E-mail?  Text?  Voicemails? |

|  |  |
| --- | --- |
| **ALLEGED PERPETRATOR details** | |
| **Name of alleged perpetrator:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Nationality:** |  |
| **Gender:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILDREN details** | | | |
| **Name:** |  |  |  |
| **DOB:** |  |  |  |
| **Gender:** |  |  |  |
| **Relationship to perpetrator, parental responsibility?** |  |  |  |

|  |
| --- |
| **REASONS FOR REFERRAL** |
|  |

Please send completed form to [ewa.wilcock@pdvh.cjsm.net](mailto:ewa.wilcock@pdvh.cjsm.net) or protect document with a password and send it to [info@polishdvhelpline.org](mailto:info@polishdvhelpline.org).

Thank you



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