

**SANCTUARY SCHEME REFERRAL FORM**

**Eligibility Criteria**

* Survivors must live in the Nottingham City area (excludes Nottingham City Council tenants located in neighbouring boroughs). Please click [here](https://geoserver.nottinghamcity.gov.uk/address-finder/) to check if the address falls within the Nottingham City boundary.
* Survivors must be eligible for assistance, have a right to reside in the UK and not be restricted from accessing public funds. For more information, click [here](https://england.shelter.org.uk/housing_advice/homelessness/immigration_and_residence_restrictions#:~:text=You%20usually%20qualify%20for%20help,if%20your%20relative%20has%20died.).
* It is safe for the survivor to remain living in the property. If professional agencies involved (e.g., Police/Juno Women’s Aid/Equation) have advised against having a Sanctuary installed, we cannot proceed.
* Survivor must have the right to occupy the property as a sole owner/tenant. If perpetrator is a joint tenant, Sanctuary can be considered if there are civil/criminal/bail conditions in place that exclude the perpetrator from the property.
* A referral will be refused in instances where a survivor has recently been rehoused, and the perpetrator does not know the address.
* The survivor must not be in a relationship with the perpetrator, and the perpetrator cannot be living at the property.
* Survivors are already engaging with support services (e.g., Juno Women’s Aid, Children’s Services, Equation). If not, survivors can access specialist domestic abuse support services through Sanctuary to ensure safety.
* The survivor or their representative must be present at the property when the works are carried out.
* If any property poses a health risk to any assessors or contractors, then this must be addressed prior to the work being carried out.

*The criteria are flexible up to a point, and each case will be assessed based on its unique needs. Should you have any enquiries regarding the criteria or Sanctuary Scheme, please contact* ***Housing Solutions – 0115 876 3300*** *or email* [***sanctuary@nottinghamcity.gov.uk***](mailto:sanctuary@nottinghamcity.gov.uk)

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| 1. **Referrer Details** | |
| Full name: |  |
| Job title: |  |
| Organisation name: |  |
| Email: |  |
| Contact telephone: |  |
| Preferred method of contact: |  |
| Date of referral: |  |

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| 1. **Survivor Details** | | | | | |
| Full name (including any aliases): | |  | | | |
| Date of birth (including any aliases): | |  | | | |
| National Insurance number (if known): | |  | | | |
| Address where sanctuary installations are required: | |  | | | |
| Contact telephone: | |  | | | |
| Email: | |  | | | |
| Has the survivor been referred to a specialist domestic abuse service or is currently supported by specialist domestic abuse service? | | Yes | No | | Details: |
| Case worker details if different from the referrer: (please provide full name and phone number) | |  | | | |
| Has the survivor been referred to any other support services? (e.g., Children’s Services/Citizen’s Advice etc). | | Yes | No | | Details: |
| Is it safe to contact the survivor? | | Yes | No | | |
| Preferred contact method (phone call/email/text): | |  | | | |
| Please specify if there is any particular day or time of the day survivor prefers to be contacted: | |  | | | |
| Interpreter needed: | | Yes | No | | |
| If yes, please specify language: | |  | | | |
| **Additional support needs and disabilities** (if answering ‘yes’, please give details below) | | | | | |
| Pregnant | Yes | | | No | |
| Physical disability | Yes | | | No | |
| Learning disability | Yes | | | No | |
| Mental illness | Yes | | | No | |
| Mental impairment | Yes | | | No | |
| Any other needs (please specify: |  | | | | |

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| 1. **Household Details** | | | | | | | | | | |
| **Accommodation type** | | | | | | | | | | |
| Bungalow | | Flat | Maisonette | | | Semi-detached | | | | Terraced |
| Other (please specify): | | | | | | | | | | |
| **Tenure type** | | | | | | | | | | |
| Council housing (Nottingham City Council Housing Services) | | Housing Association | | | Privately rented | | | | Privately owned | |
| Other (please specify): | | | | | | | | | | |
| Name(s) on tenancy or mortgage: | |  | | | | | | | | |
| Is survivor sole or joint tenant? | |  | | | | | | | | |
| 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 | | |
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| Is anyone at the property pregnant? | Yes | | | | | | No | | | |

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| 1. **Survivor Safety** | | | |
| Name of perpetrator(s): |  | | |
| Date of Birth (if known): |  | | |
| Address and whereabouts of perpetrator(s) (in prison, staying with friends or family): |  | | |
| Brief overview of domestic abuse incidents and risks (of arson, breaking and entering, police involvements). \*This section must be completed to proceed with Sanctuary. | | | |
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| DASH risk assessment completed:  (\*DASH must be completed to proceed with referral. If initial disclosure of abuse was not made to the referrer, then input name and contact details of the organisation that has completed the DASH in the **Details** box). | Yes | Details: | |
| Please provide the RIC score: |  | | |
| Survivor referred to MARAC | Yes | | No |
| If yes, please provide the date of the MARAC meeting: |  | | |
| Police involvement | Yes | | No |
| If yes, please provide details: |  | | |
| 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, honour-based abuse). |  | | |
| Any interim measures required for the survivor’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: |  | | |

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| 1. **Installation details** |
| Specific requests from the survivor/ additional needs that may affect the installation (e.g. restricted mobility, property type) |
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| Requests or concerns from the survivor 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) |
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| 1. **Applicant Demographic Details** | | | | | | | | | |
| **Gender** | | | | | | | | | |
| Female | | Male | | Prefer not to say | | | | | |
| Transgender | | | Prefer to self-describe | | | | | | |
| **Sexual orientation** | | | | | | | | | |
| Bisexual | | Gay Man | | Gay Woman/Lesbian | | | | | |
| Heterosexual/Straight | | 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 | | | | | | | | |
| **Black, Black British,**  **Caribbean, or African** | Caribbean | | | | | | 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 | | | |
| **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: | | | | | | | | | |
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**Information Sharing and Consent**

The information contained on this form will be shared with the following agencies to help assess your referral:

* Juno Women’s Aid
* Nottingham City Council contractors
* Nottinghamshire Fire and Rescue Service
* Nottinghamshire Police
* Housing Provider/Landlord
* Any other support agencies listed on your referral form

You will be contacted by the Housing Casework Officer – Domestic Abuse Specialist to assess your property type to identify what security devices are safe and appropriate to install. The Casework Officer 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).

Housing Solutions would like to contact you 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 Housing Solutions.

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

☐ Yes ☐ No

**I consent to Housing Solutions contacting 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 listed above. This includes information sharing between Housing Solutions and the relevant agencies to help support my Sanctuary Scheme referral.**

☐ Yes ☐ No

**I consent for Housing Solutions to contact me after the Sanctuary Scheme is installed to gather feedback on the works.**

☐ Yes ☐ No

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| 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: |

Professionals completing this form on behalf of the survivor should ensure a **DASH** is also submitted. The completed form and DASH should be sent to [sanctuary@nottinghamcity.gov.uk](mailto:sanctuary@nottinghamcity.gov.uk)