**Agency Referral Form**

Change that Lasts Early Awareness Raising is a short awareness raising course of one-to-one or groupwork sessions for men whose behaviour towards women and girls is a concern for themselves or individuals close to them. Alongside the course an integrated support service for partners/ex-partners (or other person identified at risk) will be available.

CLEAR (Change that Lasts Early Awareness Raising) is for clients who…

* Are 18 years or over
* Live in the Cardiff area
* Are concerned about their own behaviour
* OR accept concerns of somebody else regarding their behaviour
* Do not have an outstanding civil or criminal matter relating to their behaviour
* Be willing to engage with, and commit to, the course and attend regular appointments – usually weekly for 7 sessions
* Aim to keep substance misuse at a level that enables them to engage consistently and manage their behaviour safely and appropriately
* Are willing to share details of their current, and former partners (or other person at risk) so that they can receive support/ intervention should they wish to receive it . If these details are refused they will be unable to attend the course

**Referral MUST be discussed with client and consent obtained**

Once completed please email this referral form and any relevant supporting documents to

Change That Lasts secure email: CLEARreferral@respect.cjsm.net

**Referrers Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation or Service Name:** |  | | |
| **Referrers Name:** |  | | |
| **Address:**  **Post Code:** |  | | |
| **Contact number:** |  | | |
| **Consent to referral:** |  | **Feedback required:** |  |

**CtL will contact the referring agency if necessary, for additional information**

**Client Details**

|  |  |
| --- | --- |
| **Are they** | |
| **Awaiting the outcome of a criminal justice process** |  |
| **In legal proceedings over child contact** |  |
| **Attending counselling and/or therapy** |  |
| **Subject to child protection orders?** |  |
| **Have ever attended a Domestic Abuse/violence Programme**  Please name programme attended if possible. |  |
| **Completed DASH if yes what is score?** |  |

**Client Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Address:**  **Post Code:** |  | | |
| **Contact number:** |  | | |
| **Date of birth:** |  | | |
| **Ethnicity:** |  | **Preferred Language:** |  |
| **Does this person require an interpreter?** |  | | |
| **Does this person have any relevant Mental or Physical health issues:** |  | | |
| **Does this person have any substance misuse issues:** |  | | |
| **Does this person have any disabilities (including any accessibility requirements):** |  | | |
| **What is the reason for referral?** | | | |
| **What are the client’s views regarding the referral?** | | | |
| **Date of Referral** |  | | |

**Partner/ex-partner/person at risk details:**

Please complete one for each connected person (and duplicate box as necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Relationship:** |  | | |
| **Children:** | **Name:** | **D.O.B:** | **Address:** |
| **Address:**  **Post Code:** |  | | |
| **Contact number:** |  | | |
| **Date of birth:** |  | | |

If you need further information please contact the CLEAR team via the secure mailbox

Or

Call the CLEAR team on: 07732801072