**Leeds Sanctuary Scheme Referral**

LEEDS DIVISION IN PARTNERSHIP WITH LEEDS CITY COUNCIL AND SAFE PARTNERSHIP TO PREVENT HOMELESSNESS

**To be filled in by the referrer**

**Client details**

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

DOB: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home tel number: \_\_\_\_

Mobile number: \_\_\_\_\_

Language/communication issues? \_\_\_\_\_

Is it safe to leave a voicemail? \_\_\_\_\_

**Property details**

Property Type: Choose an item.

Tenure: Choose an item.

Note – if the property is owned by a private landlord, permission will be needed to install additional security.

Landlord name: \_\_\_\_\_

Landlord tel number: \_\_\_\_\_

Permission Obtained? \_\_\_\_\_

Please continue to next page

 **Referral Details**

Date of referral: \_\_. \_\_. \_\_\_\_

Name of referring officer: \_\_\_\_\_

Which service are you referring from: Choose an item. If other, please specify: \_\_\_\_\_\_

Nature of threat: Choose an item.

Reason for referral (please be as details as possible stating what the threat is and what parts of the property have been targeted – doors, windows etc. Please DO NOT discuss specific measures – LCC staff will speak to the client and agree appropriate measures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there known risk markers for the perpetrator? \_\_\_\_\_

Is a Police escort required for the installation? Choose an item.

As part of the Sanctuary Scheme, there will be the opportunity for the client to access further support. Please advise the client that LCC will discuss this with them in further detail.

Is the victim aware that further support will be discussed? Yes [ ]  or No [ ]

Once completed please send to Sanctuary@leeds.gov.uk

Thank you for your referral

**To be completed by LCC – for LCC use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **Quantity** | **Price per unit** | **Total** |
| Standard Installation  |  |  |  |
| External door grille |  |  |  |
| Small window grille (under 150x120cm) |  |  |  |
| Large window grille (over 150x120cm) |  |  |  |
| Replacement external door |  |  |  |
| Pyrobox |  |  |  |
| Safe room |  |  |  |
| Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Package: Choose an item.

Estimated Cost: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Date sent to LBS: \_\_\_\_\_

**Support –** A property with a Sanctuary installation is considered Safe Accommodation and we need to be making an offer of support

Is the client flagged as MARAC? Choose an item.

If yes it may not be appropriate to refer to the Sanctuary Support team – consider referral to LDVS but speak to SST if unsure

If no, advise the client that they can be offered additional support from the SST. This does not have to be DA support and can be tailored to their needs – it could be short term support while Sanctuary is being installed or longer-term support.

Does the client consent to support? Choose an item.

Please provide a summary of the situation. Consider type of DA and what support may be needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equality Monitoring** (this will help SST ascertain which service will best be placed to work with the client)

Gender: Choose an item.

Disability: Choose an item. If yes, what form of disability? Choose an item. Please give detail if client willing to: \_\_\_\_\_

Ethnicity: Choose an item. If other, please specify: \_\_\_\_\_

Faith/religion: Choose an item.

Sexuality: Choose an item. If other, please specify: \_\_\_\_\_

Are there children in the household or is the client pregnant? Choose an item. Choose an item.

If more than 6 children – please specify number: \_\_\_\_\_

Are any of the children aged 2 or under? Choose an item.

Date sent to SST:

Send to the Sanctuary Support team – if unsure on anything, please speak to Lucy

**To be completed by Sanctuary Support team**

Date referral received:

**Organisation allocated**

Karma Nirvana [ ]

WHM – Pregnancy and maternity [ ]

WHM – Disability [ ]

PAFRAS [ ]

Shantona [ ]

BCD [ ]

Asha [ ]

Touchstone [ ]