|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of completion:** | |  | | | | | | **Staff Member Initials Only:** | | | | | | | | | | | |  | | | | | |
| **Your Details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your First Name:** | |  | | | | | | **Your Date of Birth:** | | | | | | | | | | | |  | | | | | |
| **Your Surname:** | |  | | | | | | **Your Age:** | | | | | | | | | | | |  | | | | | |
| **Alias (if applicable)** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Address (including postcode):** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Fled Address (including postcode):** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Are you a resident of Lincolnshire?** | | | | | **Yes** | | | | | | | | | | **No** | | | | | | | | | | |
| **What is your gender?**  *Your voluntary answer will help us provide inclusive and appropriate services.* | | | | | **Male** | | | |  | | **Non-Binary** | | | | | | | | |  | | | | **Prefer not to say** |  |
| **Female** | | | |  | | **Prefer to self-describe** | | | | | | | | |  | | | | **Other** |  |
| **What is your biological sex (as assigned at birth)?**  *This information is collected to ensure compliance with legal and reporting requirements, such as the Equality Act. Your response will be handled with confidentiality and used solely for this purpose.* | | | | | **Male** | | | |  | | | **Female** | | | | | | |  | | | **Prefer not to say** | | |  |
| **What is your ethnicity?** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Do you require an interpreter?** | | | | | **Yes** | | | | | | | | | | | **No** | | | | | | | | | |
| *If yes, what language is required?* | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **What is your telephone contact number:** | | | | | **Is it safe to:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | **Yes** | | | | | | | | | | **No** | | |
| **Call** | | | | | | | |  | | | | | | | | | |  | | |
| **Text** | | | | | | | |  | | | | | | | | | |  | | |
| **Leave Voicemail** | | | | | | | |  | | | | | | | | | |  | | |
| **What is your email address?** | | | | | **Is it safe to email?** | | | | | | | | **Yes** | | | | | | | | | | **No** | | |
|  | | | | |
| **Details of a trusted 3rd party we can safely contact should we be unable to contact you?** | | | | | ***Consent from client to share it is EDAN Lincs calling?* Yes** | | | | | | | | | | | ***If yes, please provide name, and contact details:*** | | | | | | | | | |
| **Do you have a disability including any communication needs?** | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Do you have any mental health issues?** | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Do you have any alcohol support needs?** | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Do you have any drug support needs?** | | | | | ***If yes, please provide details:*** | | | | | | | | | | | | | | | | | | | | |
| **Yes** | **No** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Have you previously utilised safe accommodation in any location?** | | | | | ***If yes, when was this?*** | | | | | | | | **Less than 6 months** | | | | | |  | | | | | | |
| **Yes** | **No** | | | |  | | | | | | | | **6-12 months** | | | | | |  | | | | | | |
|  |  | | | |  | | | | | | | | **Over 12 months** | | | | | |  | | | | | | |
| **How long have you been experiencing domestic abuse before accessing support?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Less than 6 months** | | | | | | **6-12 months** | | | | | | | | | | | **Over 12 months** | | | | | | | | |
| **Please select all the types of domestic abuse you have been experiencing:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A pattern of controlling/ coercive behaviour** | | | | | | | **Sexual violence/abuse** | | | | | | | | | | | | | | | | | | |
| **Current physical abuse, violence or threatening behaviour** | | | | | | | **Stalking/Harassment** | | | | | | | | | | | | | | | | | | |
| **Repeated emotional/psychological abuse** | | | | | | | **Financial Abuse** | | | | | | | | | | | | | | | | | | |
| **Potential honour-based violence and/or female genital mutilation** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide a brief summary of why refuge accommodation is being sought at this time, including any immediate risks, safety concerns, or circumstances contributing to the need for safe housing.** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator Details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator Name:** | | |  | | | | **Perpetrator Ethnicity:** | | | | | | | | | | |  | | | | | | | |
| **Perpetrator DOB:** | | |  | | | | **Perpetrator Address including postcode:** | | | | | | | | | | |  | | | | | | | |
| **What is your relationship to the perpetrator?** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Children’s Details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How many children are to be considered for safe accommodation:** | | |  | | | | **Ages of children:** | | | | | | | | | | |  | | | | | | | |
| **Additional Details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any professionals/ agencies involved with you or your family?** | | | | **Yes** | | | | | | | | | | **No** | | | | | | | | | | | |
| **If yes, please provide details:** | | | | Name: | | | | | | Agency: | | | | | | | | | | | Contact Details: | | | | |
| Name: | | | | | | Agency: | | | | | | | | | | | Contact Details: | | | | |
| Name: | | | | | | Agency: | | | | | | | | | | | Contact Details: | | | | |
| **Do you give consent for us to contact them should we be unable to contact you?** | | | | **Yes** | | | | | | | | | | **No** | | | | | | | | | | | |
| **How did you hear about our service?** | | | | **GP  Hospital  111  LDASS  Employer  Police  Adult Social Care  Children’s Social Care  LCC  National Helpline  Other support service** | | | | | | | | | | | | | | | | | | | | | |

*We will attempt contact 3 times over 2 days via the safe methods selected. Please be advised our telephone number will show as withheld.*

Please call the Single Point of Access Team on 01522 510041 option 1 or email [lincsrefugespa@edanlincs.org.uk](mailto:lincsrefugespa@edanlincs.org.uk) for further advice or support. Alternatively, please view our website edanlincs.org.uk.