|  |  |  |  |
| --- | --- | --- | --- |
| **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 for further advice or support. Alternatively, please view our website edanlincs.org.uk.