

**The Sanctuary Scheme is a scheme to protect and support vulnerable people at risk of domestic abuse to remain safely in their own home.**

**The referral form must be completed in full using Microsoft word and emailed to:**[crimepreventionofficers@durham.police.uk](mailto:crimepreventionofficers@durham.police.uk)

**Failure to do this will result in the form being returned and a delay in any work being carried out**

* **Priority -** If the referral is an **Emergency** (within 24 hours) or **Urgent** (within 3 working days) you must call the Crime Prevention Officer (CPO) before completing the referral.

**Fiona Parker 07929 739452**

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* **Referral** – As the referrer **you must** be the first point of contact and supply **all** your requested details.
* **Client Information** – Please complete all details for the client. It is important to include times when the client will be available. Calls to the client may be from a withheld number. The client will be contacted a maximum of 3 times and if no contact can be made the referral form will be returned.
* **Household Members** – please provide details of all household members at the property. This is required for the safety of staff attending the property to identify anyone who should not be there
* **Applicant Consent -** The applicant **must** give their verbal consent for the referral to be accepted. A signature is not required but the form must be endorsed to show consent has been given.
* **Accommodation** – Please complete all property information including the landlord / property owner details, **as their consent is also required**.
* **Landlord Consent -** The Landlord **must** give **you** their consent for the remain safe work to be carried out and their details to be kept however the latter part is not compulsory. Please tick the verbal consent box to confirm **you** have received this consent. Landlords who have signed a blanket consent for remain safe are noted on the form.
* **Sanctuary Scheme Criteria** – select **all relevant** criteria.
* **Area of risk and service involvement** – select **all** areas of risk and service involvement. Where ‘other’ is selected please add details.
* **Additional Information** – complete the additional information questions as fully as possible to give an accurate account of the case. If it would be possible to visit the property and add any observations from this, it would be helpful.
* **Risk** – to safeguard staff attending the property please provide fully details of any risks.
* Please note that the standard equipment checklist on page 5 is only to be completed by the Crime Prevention Officer.

**Sanctuary Scheme Referral Form**

|  |  |  |
| --- | --- | --- |
| **Referrer** | **Priority** | **CPO Only** |
| Click here to enter text. | **Emergency** within 24 hours – **Ring CPO** | Click here to enter text. |
| Click here to enter text. | **Urgent** within 3 working days – **Ring CPO** | Click here to enter text. |
| Click here to enter text. | Routine within 7 working days | Click here to enter text. |



**2. Client information**

Clients Name: Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text. Times not available: Click here to enter text.

Telephone (all available): Click here to enter text.

Nationality: Click here to enter text. (E.g. UK National)

Ethnic Origin: Click here to enter text. (E.g. White British)

Gender identity: Click here to enter text. (E.g. female, male, transgender)

The Sanctuary Scheme is a scheme to protect vulnerable people at risk of domestic abuse.

Does the client meet this criteria? **Yes  No**

**Confidential Sanctuary Scheme Referral Form**

**1. Referral**

Date of Referral: Click here to enter text.

Referral Agency: Click here to enter text.

Name of Referrer: Click here to enter text.

Role of Referrer: Click here to enter text.

Telephone Number (inc. mobile): Click here to enter text.

Email: Click here to enter text.

**4. Accommodation**

**Type of Accommodation**

OwnerPrivate LandlordSocial Housing Provider

All private landlords and the following social housing provider require consent for each referral:

Social Housing Providers (where consent is required on a case by case basis)

|  |  |  |
| --- | --- | --- |
| **Social housing provider** | **Contact details for referrer to obtain consent** | **Consent given** |
| Anchor Hanover | Michelle Ildam Area Manager  Michelle.Ildam@anchor.org.uk  Tel.07483 149170 | yes/no |

Contact Details of Property Owner/Landlord Name:Click here to enter text.

Address: Click here to enter text. Post Code: Click here to enter text.

Telephone: Click here to enter text.

**Consent and Referral Information**

Both the client and the referrer must read the below and give verbal consent before a referral can be accepted. All mandatory fields must be completed, or this form will be returned to you, resulting in potential delay to works bring carried out

**Data Protection Legislation**

Darlington Borough Council is registered as a Data Controller of personal data, under Data Protection law (including the General Data Protection Regulations) with the UK Information Commissioner’s Office. Your information will be shared with other services but only for the purpose of the Sanctuary Scheme and assisting you with your housing circumstances. To read our Data Protection Policy (our commitments in relation to the way we handle your information) visit <https://www.darlington.gov.uk/your-council/data-protection-and-freedom-of-information/data-protection/>

Consent given by (MUST BE COMPLETED) (indicate if verbal consent received): -Yes  No

Applicant Referrer

Name: Click here to enter text. Name: Click here to enter text.

Signature: Click here to enter text. Signature: Click here to enter text.

**3. Household Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship** | **Gender** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Landlord Consent (MANDATORY- MUST BE COMPLETED)**  As referrer, I confirm that I have advised the landlord (if a Private Landlord) or the social landlord (where blanket consent is not in place, see section 4) that their details will be kept on record in line with the Data Protection Policy which can be found at <https://www.darlington.gov.uk/your-council/data-protection-and-freedom-of-information/data-protection/> and I accept responsibility for and confirm that the private/social landlord has given verbal consent for this and for the work to be carried out (these are two separate issues and consent must be requested for both):  (indicate if verbal consent received): -Yes  No  Private Landlord or Social landlord where blanket consent *has not* been given (listed under section 4)  Consent to keeping details on record 🞏  Private Landlord or Social Landlord where blanket consent *has not* been given (listed under section 4) Consent to work being carried out 🞏  Date given Click here to enter text.  **The following social landlords *have* provided blanket consent.**  Referrer must confirm if the property belongs to any of the following:   |  |  |  | | --- | --- | --- | | **Social landlords who have given blanket consent** | | **Please tick appropriate box** | | Railway Housing | |  | | Livin | |  | | Karbon Homes (Formerly Cestria/Derwentside Homes and ISOS) | |  | | Bernicia (Formerly Four Housing and Three Rivers) | |  | | North Star (Formerly Teesdale Housing) | |  | | Home Group | |  | | Beyond Housing | |  | | Places for People | |  | | Darlington Borough Council Housing | |  | |  | |  | |  | |  | |

**5. Sanctuary Scheme Criteria:**

Domestic Abuse

Was it reported to the Police: Yes  No

**6. Area of risk and service involvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of risk:** | **Please indicate (x)** | **Service Involvement** | **Please indicate (x)** |
| Threat of arson |  | Injunction in place |  |
| Threat of weapons |  | Perpetrator known to the Police |  |
| Threat of substance misuse |  | MARAC involvement |  |
| Mental Health issues |  | Child protection issues |  |
| Perpetrator has keys for the property |  | Vulnerable adult |  |
| Perpetrator due to be released from prison |  | Other service involvement |  |
| Threats of assault |  |  |  |

**7. Additional Information**

|  |  |
| --- | --- |
| Why are you making this referral? | Click or tap here to enter text. |
| What is the specific and current threat to the client(s)? Please provide details including date of most recent incident. | Click or tap here to enter text. |
| What information have you received to support this threat and when did you receive this? | Click or tap here to enter text. |
| What other measures are in place? E.g. Any legal or bail conditions etc. | Click or tap here to enter text. |
| What other agencies are involved in the case? E.g. Police, Harbour, Social Worker, etc. Please provide their names where known. | Click or tap here to enter text. |
| Is the client at risk of homelessness if the work is not carried out? | Yes  No |
| Does the client require support with finding alternative accommodation? | Yes  No |
| If known, what is the name, DOB of the perpetrator and relationship to the client? | Click or tap here to enter text. |
| If the perpetrator is in prison, when are they due to be released? | Click or tap here to enter text. |
| Have you visited the property?  If yes, what are your observations? | Yes  No  Click or tap here to enter text. |

**8. Risk**

Is there any risk posed to those visiting the property? I.e. are two members of staff required to attend the property, issues with pets, possible threats etc.?

Yes

No

Details: Click here to enter text.

**Please complete electronically in Microsoft Word and email completed referral form to:** [crimepreventionofficers@durham.police.uk](mailto:crimepreventionofficers@durham.police.uk)

**Standard Equipment Checklist. To be completed by Crime Prevention Officers only**

|  |  |  |
| --- | --- | --- |
| **Item:** | **Number to be installed:** | **Location/Specific requirements:** |
| **Window Security** |  |  |
| Window film (will be installed within 7 working days) | Click here to enter text. | Click here to enter text. |
| Window restrictors (jaclock etc…) | Click here to enter text. | Click here to enter text. |
| Window locks (snaplock/sash lock etc…) | Click here to enter text. | Click here to enter text. |
| Vibration sensors | Click here to enter text. | Click here to enter text. |
| **Door Security** |  |  |
| Door viewer | Click here to enter text. | Click here to enter text. |
| Door chain | Click here to enter text. | Click here to enter text. |
| Patio door locks | Click here to enter text. | Click here to enter text. |
| PAT lock | Click here to enter text. | Click here to enter text. |
| Mortice lock / bolt | Click here to enter text. | Click here to enter text. |
| Euro profile cylinders (UPVC lock change) | Click here to enter text. | Click here to enter text. |
| 5 lever Sashlock and deadlock (BS3621) (lock changes/upgrade) | Click here to enter text. | Click here to enter text. |
| Sonic door sensor | Click here to enter text. | Click here to enter text. |
| **Other** |  |  |
| External post box | Click here to enter text. | Click here to enter text. |
| Lockable letter plate | Click here to enter text. | Click here to enter text. |
| Padlock with HASP/ lever padlock (gate security) | Click here to enter text. | Click here to enter text. |
| Solar light | Click here to enter text. | Click here to enter text. |
| Battery operated outside light | Click here to enter text. | Click here to enter text. |