**GATEWAY TO CHANGE WORKSHOP REFERRAL FORM**

Gateway to Change is a voluntary awareness raising workshop for men aged 18+ who are concerned that their behaviour towards their female (ex)partner may be abusive. Men are supported to consider the impact of their behaviour on their loved ones to enable positive change.

This workshop should be offered where an incident of alleged abuse has occurred but there is no complaint or insufficient evidence to prosecute. There may be a history of frequent police call outs resulting in No Further Action.

The workshop consists of two 2-hour sessions and will usually be delivered in small groups at a venue [TBA] but can be offered on a 1:1 basis in exceptional circumstances.

**Please note – This is an awareness raising workshop and not to be used as a substitute for the Make the Change programme. No report is provided upon completion of Gateway.**

**Before completing the referral, please confirm the following:**

|  |  |
| --- | --- |
| **The workshop has been discussed with the person being referred and he has given consent** | YES [ ]  |
| **(Ex) partner has identified no specific risk for this course of action** | YES [ ]  |
| **Any know risks? (PNC markers and dates)** | YES [ ] NO [ ] Details |

**Referring officer’s details**

|  |  |
| --- | --- |
| Name and collar number  |  |
| Contact number |  |
| Email |  |
| Address |  |

**Referee’s details**

|  |  |
| --- | --- |
| Name  |  |
| DOB and Age |  |
| Address |  |
| Housing Status? (Owner/Tenant etc) | **Tenant ☐****Owner Occupier ☐****Short Term Accommodation ☐****Living With Parents/Family ☐****No Fixed Abode ☐****Supported Housing ☐****Shelter ☐****Other ☐** |
| Contact number |  |
| Email |  |
| Job StatusOccupation (if applicable) | **Unemployed ☐****Working FT ☐** **Working PT ☐** **Self-Employed ☐**  |
| Ethnicity |  |
| Sexuality |  |
| Religion |  |
| Interpreter Needed? | **Yes ☐** **No ☐**  |

**Vulnerability Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **DETAILS** |
| Criminal Record? |  |  |  |
| Criminal Record Relating To D/V? |  |  |  |
| Witnessed D/A As a Child |   |   |   |
| Drugs **(Please specify type)** |   |   |   |
| Alcohol |   |   |   |
| Mental Health |   |   |   |
| Suicide (Attempted or threatened) |   |   |   |
| Self-Harm (Attempted or threatened) |   |   |   |
| Financial Problems |   |   |   |
| Needs Benefits Advice |   |   |   |
| Indefinite Leave to Remain in the UK  |   |   |   |
| Any Disability? |   |   |   |

**(Ex) Partner’s Details**

|  |  |
| --- | --- |
| Name  |  |
| DOB |  |
| Address |  |
| Contact number |  |
| Relationship status (reconciled / separated etc.) |  |

**Children and Young People’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **DOB** | **Address** | **Resides with (ex) partner?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Brief details of the incident leading to this referral**

|  |
| --- |
|  |

**Any additional support needs for information of workshop staff?**

|  |
| --- |
|  |

**Signed (referrer) ……………………………………………………….……. Date………………………**

**Signed (person being referred) …………………………..……………………….. Date………………………**

Please return the completed form to **info@thewishcentre.org**