

DVDS Referral Form

Referral Guidelines

1. Please complete as much information as possible on the sheet.
2. Referrals should only be made if the Person at Risk is in current relationship with Subject or there is a likelihood that the relationship will be re-kindled or they will be remaining in contact.
3. Please include details of any children if known.
4. DVDS can take up to 35 days to process and issue

Referred by

Referred by: _____ Date: _____

Collar Number: _____ Department: _____

E-Mail Address: _____ Phone No: _____

Subject (Potential Abuser)

Name: _____

Date of Birth: _____

Ethnicity: _____

Address: _____

Post Code; _____

Relationship to person at risk: _____

Are they still in relationship: _____

Person at Risk

Name: _____

Date of Birth: _____

Ethnicity: _____

Address: _____

Post Code; _____

Safe Telephone
Number:

Safe contact times:

Children (copy and paste for further children)

Name:

Date of Birth:

Resides with:

Address:

Post Code:

Reason for referral

Reason referred:

Concerns:

Current DASH score (if
known):

Is PAR aware of the
referral:

Other relevant
information:

Sent to Elizabeth Corrigan <Elizabeth.Corrigan@northants.pnn.police.uk>

Or

DAU@northants.pnn.police.uk