

# 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:

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Safe contact times:

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**Children (copy and paste for further children)**

Name:

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Date of Birth:

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Resides with:

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Address:

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Post Code:

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**Reason for referral**

Reason referred:

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Concerns:

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Current DASH score (if  
known):

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Is PAR aware of the  
referral:

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Other relevant  
information:

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

**Or**

**DAU@northants.pnn.police.uk**