

**ADAPT**  
ADAPT DOMESTIC ABUSE PREVENTION TRAINING  
**REFERRAL FORM**



Programme (please tick) Havant  Hook  Portsmouth  Thornhill

Name : .....

D.O.B:..... Ethnicity:.....

Address:.....

.....

Contact Numbers:.....

Do you consider you have a disability? .....

Do you have any special requirements / needs for the assessment process (due to sensory, physical disability etc)?

.....

Have you (the above) had any previous domestic violence convictions?

Yes  No  - If 'Yes' please specify: .....

.....

Marital status: ..... Length of relationship: .....years

**Partner / Ex Partner Details**

Name:.....

D.O.B:..... Ethnicity:.....

Address (If different).....

.....

Contact Numbers:.....

Are there any special requirements or needs ie. Interpreters, disabilities etc.?

.....  
Child Name(s)                      D.O.B    Gender    Parent(s) child is living with

- 1)
- 2)
- 3
- 4)
- 5)
- 6)
- 7)

Where did you hear about the Programme? .....

Are the family involved with Children's Services ? Yes  No

If yes; Name of Social Worker:.....

E-mail contact: ..... Telephone Number:.....

Are any other agencies involved (i.e. Alcohol/Drug support)

.....

History of Social Services Involvement (including any Child Protection/ Court Proceedings):

Details of any Domestic Abuse incidents: (including police call outs/arrests/charges):

Details of substance mis-use including attendance at any support groups or other interventions:

**Prior to assessment it is important to have as much background information as possible. If necessary please attach a separate sheet**

Name of person making referral (if different to named person): .....

Agency (if applicable): .....

Contact Details: .....

Return the completed form to:  
The Hampton Trust  
Fairways House  
Mount Pleasant Road  
Southampton  
SO14 0QB

Alternatively please fax to: 023 8021 3530

For further information please contact a member of the ADAPT team on 023 8021 3520