

WESTMINSTER SANCTUARY SCHEME REFERRAL FORM

RESTRICTED INFORMATION (when complete)

NOT FOR DISCLOSURE

CASE REF: (CSU use only)	
-----------------------------	--

DETAILS OF REFERRER

NAME:		ADDRESS:	
JOB TITLE:			
ORGANISATION:			
CONTACT NO:		POSTCODE:	
AVAILABILTY:	Contact times from to	EMAIL:	@

DATE REFERRAL COMPLETED AND SENT TO ADVANCE: admin@advancewkc.org.uk (secure_email@advwkc.cjism.net for those with access to secure mail)	/ / 20	Copied to Neighbourhood Crime Reduction? <input type="checkbox"/> sanctuariescheme@westminster.gov.uk
---	----------	--

IN MY ABSENCE PLEASE CONTACT:

NAME:		CONTACT NO:	
JOB TITLE:		AVAILABILTY:	Contact times from to
EMAIL:	@	NOTES:	

MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

Has MARAC risk assessment been carried out?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, was the client referred to MARAC?	YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>		
If no, do you plan to complete a MARAC risk assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no is there a reason for that? Please provide details below.			
Who carried out the assessment?			
NAME:		JOB TITLE:	
ORGANISATION:		CONTACT NO:	

DETAILS OF CLIENT

NAME:		HOME/ MOBILE:	/
DATE OF BIRTH:	/ /	AVAILABILTY:	Contact times from to
ADDRESS: <small>Permanent address where the works are required</small>		ALTERNATIVE ADDRESS:	
POSTCODE:		POSTCODE:	

DATE OF TENANCY:			
ETHNICITY:	Please select from the dropdown list	Other Ethnicity details:	
CHILD(REN) LIVING WITH THE CLIENT:			
NAME:		DATE OF BIRTH:	/ /
NAME:		DATE OF BIRTH:	/ /
NAME:		DATE OF BIRTH:	/ /
NAME:		DATE OF BIRTH:	/ /
NAME:		DATE OF BIRTH:	/ /

ACCOMMODATION			
PROPERTY:	Please select	Floor Level:	
		TENANCY TYPE:	Please select
PARTNERSHIP:	Please select	OTHER INFO:	
LANDLORD / ESTATE OFFICER / HOUSING PROVIDER DETAILS WHO CAN APPROVE WORKS (If applicable)			
NAME:		ADDRESS:	
WORK / MOBILE:	/		
AVAILABILTY:	Contact times from	to	
EMAIL:	@	POSTCODE:	
DO THEY NEED TO ATTEND THE PROPERTY BEFORE GRANTING APPROVAL? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DETAILS	
DOES THE PERPETRATOR HAVE LEGAL ACCESS TO THE PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Further info:	
HAS THE CLIENT SOUGHT LEGAL REMEDIES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please give details:	
Expiry date:	
HAS THE VIOLENCE / PERPETRATOR BEEN REPORTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please provide the Crime Reference Number:	
Who was it last reported to and when?	
NAME:	
DATE OF BIRTH:	/ /
OTHER INFO:	
	POSTCODE:

It is not reasonable for this person to continue to occupy her / his accommodation, as it is probable that this will lead to domestic violence against her / him or against a person who will normally reside with her / him.

BACKGROUND INFORMATION

(Please include any threats made by the perpetrator against the client and property)

CSU RISK IMPLICATIONS / FUTHER COMMENTS FOR CPO BACKGROUND INFORMATION

(Please indicate if there is an imminent risk to the client and / or property and any threats made by the perpetrator against the client and property)

Please continue to type here if a 2nd continuation sheet is needed:**SANCTUARY SCHEME APPROVED?** YES NO (Please provide details above)**DATE RECEIVED BY CSU:** / / 20**NAME:****DATE SENT TO CPO (if approved) :** / / 20**CONTACT NO:****ADVANCE AND NEIGHBOURHOOD CRIME REDUCTION NOTIFIED?** **EMAIL:**

@

IF APPLICABLE, PLEASE STATE REASONS WHY REFERRAL NOT APPROVED FOR THE SANCTUARY SCHEME (Please make any recommendations)**CPO SECURITY SURVEY****DATE RECEIVED BY CPO:** / / 20**NAME:****(CPO) DATE SURVEY COMPLETED:** / / 20**CONTACT NO:****IS PROPERTY SUITABLE FOR SECURITY WORKS?** YES NO

(If no please provide details and recommendations in your report and forward the referral form to CSU and ADVANCE)

SPECIFICATION ATTACHED TO END OF FORM? (page 4) YES NO **SENT TO NEIGHBOURHOOD CRIME REDUCTION and COPIED TO ADVANCE?**

/ / 20

FIRE SAFETY OFFICER REPORT**FIRE SAFETY OFFICER REPORT REQUIRED?**YES NO Please provide details below**DATE OF FIRE OFFICER VISIT:** / / 20**NAME(s):****ENVIRONMENTAL HEALTH ASSESSMENT DETAILS****DATE RECEIVED BY EH:** / / 20

Please provide details / notes below

Please continue to type here if a 2nd continuation sheet is needed:

DATE OF LANDLORDS CONSENT: / / 20

Details:

DATE REFERRED TO CONTRACTOR: / / 20

Details:

WORKS START DATE: / / 20

WORKS COMPLETION DATE: / / 20

CPO SPECIFICATION

Cut and paste CPO specification below:

ITEM

LOCATION