

SELF-REFERRAL FORM

PAS referrals should be sent by email to support@protectionagainststalking.org

A response should be received within three working days

Date of Referral	Click here to enter text.		
Has the confidentiality data protection agreement been read and understood? <i>This can be found on the last page.</i>			<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Name	Click here to enter text.	Date of Birth	Click here to enter a date.
Telephone Number	Click here to enter text.	Is this number safe to call <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
		Safe to leave a message <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Email Address	Click here to enter text.	Is this email safe to use <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Please state any relevant contact information e.g. safe times to call/days to call		Click here to enter text.	
Address	Click here to enter text.	Disability <input type="checkbox"/> Yes / <input type="checkbox"/> No	
		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other (please state or leave blank if prefer not to say)	
Sexual Orientation <i>Please state or leave blank if prefer not to say</i>		Click here to enter text.	
Ethnicity	Click here to enter text.	Religion or Belief	Click here to enter text.
Perpetrator(s) name (If known)	Click here to enter text.	Perpetrator(s) Date of Birth (If known)	Click here to enter text.
Perpetrator(s) Address (If known)	Click here to enter text.	Relationship to Victim	Click here to enter text.

Children (please add extra rows if necessary)	Date of Birth	Relationship to Perpetrator	Relationship to Victim	Address	School
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Reason for Referral / Additional Information

Reason for Referral (Please give a brief background)	
Click here to enter text.	
Have you spoken/reported to any agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>If yes – please provide details including contact information</i>	Click here to enter text.
Has the perpetrator been arrested?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>If yes – what happened - were they charged / cautioned/are there any Police bail conditions?</i>	Click here to enter text.
Is there a local Domestic Abuse or Stalking Service involved?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>If yes – please provide full contact details.</i>	Click here to enter text.
Has the perpetrator attend(ed) court, Criminal or Civil? <i>(include details of charge, bail conditions, next court hearing date and any orders in place ie Restraining, Non-Molestation Orders)</i>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input type="checkbox"/> Not Applicable Click here to enter text.
Please complete the S-DASH 11 stalking questions. <i>See page 3.</i>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Have you contacted any other stalking service?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<i>If yes, please provide their name and contact details.</i>	Click here to enter text.
How did you hear about PAS?	Click here to enter text.