**City of Lincoln Council Target Hardening**

**Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Date request received: |  | Method e.g.Self, via agency – stating which agency & name of professional: |  |
| Name of member of staff making the referral: |  | Contact Telephone Number: |  |

Client Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | Forenames |  | Date of Birth |  |
| Address |  | Postcode |  |
| Tel Home |  | Tel Work |  | Tel Mobile |  |
| Is this a Temporary Address? |  |

|  |  |
| --- | --- |
| **Is the Perpetrator currently residing in the property?** |  |

Other Household Members

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | First Name | Date of Birth | Relationship to Applicant | M / F |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Tenure Type:e.g. owner occupier, private tenant, council tenant |  |
| Details of Property: Property Size and Property Type? |  |

Landlord’s Details (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Postcode |  |
| Tel Home |  | Tel Work |  | Tel Mobile |  |

Perpetrator Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | Forename (s) |  | Date of Birth |  |
| Address |  | Postcode |  |
| Tel Home |  | Tel Work |  | Tel Mobile |  |
| Has any action been taken against the perpetrator? |  |
| Please give details: |  |

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| **Details of Abuse** |
| What abuse is the Client experiencing? | Emotional Yes/No Physical Yes/NoFinancial Yes/No Sexual Yes/No |
| Has the abuse resulted in injury? | Details: |
| Has the Abuse ever involved a weapon? | Details: |
| Has the Perpetrator every threatened to kill any member within the household? | Details:  |
| Has the Perpetrator ever made any threats of arson? | Details:  |

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| **Actions already taken by the Client** |
| Have injunctions been used in the past? |  When? Details: |
| Was the injunction breached? | Details: |

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| **Police Involvement** |
| Have the Police been involved? |  |
| Is there a named Police Officer dealing with the case? |  |

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| **Authorisation**  |
| I confirm that the client has authorised me to share this information with Lincolnshire Police for assessment of additional security measure and support. |
| Referring Officer’s name |  | Authorised by: |   | Date referral sent: |  |
| Client Signature |  |  |