

**Remain Safe is a scheme to protect vulnerable people at high risk of domestic abuse, hate crime or harassment.**

**Only clients who meet these criteria will be eligible for Remain Safe**

**Remain Safe Referral Form (v10)**

**The referral form must be completed in full using Microsoft word and emailed to** **CrimePreventionOfficers@durham.pnn.police.uk****.**

**Failure to do this will result in the form being returned and a delay in any work being carried out**

* **Priority -** If the referral is an **Emergency** (within 24 hours) or **Urgent** (within 3 working days) you must call the Crime Prevention Officer before completing the referral.

**Fiona Parker - 07929 739452**

**Derek Sirett - 07736 084341**

**Jessica Fox - 07855 270344**

* **Referral** – As the referrer **you must** be the first point of contact and supply **all** your requested details.
* **Client Information** – Please complete all details for the client. It is important to include times when the client will be available. Calls to the client may be from a withheld number. The client will be contacted a maximum of 3 times and if no contact can be made the referral form will be returned.
* **Household Members** – please provide details of all household members at the property. This is required for the safety of staff attending the property to identify anyone who should not be there
* **Applicant Consent -** The applicant **must** give their verbal consent for the referral to be accepted. A signature is not required but the form must be endorsed to show consent has been given.
* **Accommodation** – Please complete all property information including the landlord / property owner details, as their consent is also required.
* **Landlord Consent -** The Landlord **must** give **you** their consent for the remain safe work to be carried out and their details to be kept however the latter part is not compulsory. Please tick the verbal consent box to confirm **you** have received this consent. Landlords who have signed a blanket consent for remain safe are noted on the form.
* **Remain Safe Criteria** – select **all relevant** criteria.
* **Area of risk and service involvement** – select **all** areas of risk and service involvement. Where ‘other’ is selected please add details.
* **Additional Information** – complete the additional information questions as fully as possible to give an accurate account of the case. If it would be possible to visit the property and add any observations from this, it would be helpful.
* **Risk** – to safeguard staff attending the property please provide fully details of any risks.
* Please note that the standard equipment checklist on page 5 is only to be completed by the Crime Prevention Officer.

|  |  |  |
| --- | --- | --- |
| **Referrer** | **Priority** | **CPO Only** |
| Click here to enter text. | **Emergency** within 24 hours – **Ring CPO** | Click here to enter text. |
| Click here to enter text. | **Urgent** within 3 working days – **Ring CPO** | Click here to enter text. |
| Click here to enter text. | Routine within 7 working days | Click here to enter text. |



**2. Client information**

Clients Name: Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text. Times not available: Click here to enter text.

Telephone (all available): Click here to enter text.

Nationality: Click here to enter text. (E.g. UK National)

Ethnic Origin: Click here to enter text. (E.g. White British)

**1. Referral**

Date of Referral: Click here to enter text.

Referral Agency: Click here to enter text.

Name of Referrer: Click here to enter text.

Role of Referrer: Click here to enter text.

Telephone Number (inc. mobile): Click here to enter text.

Email: Click here to enter text.

Remain Safe is a scheme to protect vulnerable people at high risk of domestic abuse, hate crime or harassment. Does the client meet this criteria? **Yes** [ ]  **No** [ ]

**Confidential Remain Safe Referral Form**

**4. Accommodation**

**Type of Accommodation**

Owner[ ] Private Landlord[ ] Social Housing Provider[ ]

Contact Details of Property Owner/Landlord Name:Click here to enter text.

Address: Click here to enter text. Post Code: Click here to enter text.

Telephone: Click here to enter text.

**Consent and Referral Information**

Both the client and the referrer must read the below and give verbal consent before a referral can be accepted. All mandatory fields must be completed, or this form will be returned to you, resulting in potential delay to works bring carried out

**Data Protection Legislation**

Durham County Council is registered as a Data Controller of personal data, under Data Protection law (including the General Data Protection Regulations) with the UK Information Commissioner’s Office. Your information will be shared with other services but only for the purpose of the Remain Safe Scheme and assisting you with your housing circumstances. To read our Privacy Notice (how we use, share and retain your personal data) visit [www.durham.gov.uk/dataprivacy](http://www.durham.gov.uk/dataprivacy) or contact Housing Solutions at Durham County Council on 03000 268000.

Consent given by (MUST BE COMPLETED) (indicate if verbal consent received): -Yes [ ]  No [ ]

Applicant Referrer

Name: Click here to enter text. Name: Click here to enter text.

Signature: Click here to enter text. Signature: Click here to enter text.

**3. Household Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **DOB** | **Relationship** | **Gender** |
| 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. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Landlord Consent (MANDATORY- MUST BE COMPLETED)**As referrer, I confirm that I have advised the landlord (if Private Landlord only) that their details will be kept on record in line with the Housing Solutions Privacy Notice which can be found at [www.durham.gov.uk/dataprivacy](http://www.durham.gov.uk/dataprivacy) and I accept responsibility for and confirm that the Landlord has given verbal consent for this and for the work to be carried out (these are two separate issues and consent must be requested for both): (indicate if verbal consent received): -Yes [ ]  No [ ] Private Landlord or Social landlord (not listed below) consent to keeping details on record 🞏 Private Landlord or Social Landlord (not listed below) consent to work being carried out 🞏Date given Click here to enter text. **OR** Blanket consent has been provided and I confirm this property belongs to:

|  |  |
| --- | --- |
| **Accent Homes**  |[ ]  **Livin**  |[ ]
| **Believe Housing** (Formerly County Durham Housing Group/Durham City Homes/East Durham Homes and Dale and Valley Homes) |[ ]  **Bernicia** (Formerly Four Housing and Three Rivers)  |[ ]
| **Karbon Homes** (Formerly Cestria/Derwentside Homes and ISOS) |[ ]  **North Star** (Formerly Teesdale Housing) |[ ]
|  |  | **Home Group** |[ ]

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**5. Remain Safe Criteria:**

Domestic Abuse [ ]  Harassment [ ]  Hate Crime [ ]

Was it reported to the Police: Yes [ ]  No [ ]

**6. Area of risk and service involvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of risk:** | **Please indicate (x)** | **Service Involvement**  | **Please indicate (x)** |
| Threat of arson |[ ]  Injunction in place |[ ]
| Threat of weapons |[ ]  Perpetrator known to the Police |[ ]
| Threat of substance misuse |[ ]  MARAC involvement |[ ]
| Mental Health issues |[ ]  Child protection issues |[ ]
| Perpetrator has keys for the property |[ ]  Vulnerable adult |[ ]
| Perpetrator due to be released from prison |[ ]  Other service involvement |[ ]
| Threats of assault |[ ]   |  |

**7. Additional Information**

|  |  |
| --- | --- |
| Why are you making this referral? | Click or tap here to enter text. |
| What is the specific and current threat to the client(s)? Please provide details including date of most recent incident. | Click or tap here to enter text. |
| What information have you received to support this threat and when did you receive this? | Click or tap here to enter text. |
| What other measures are in place? E.g. Any legal or bail conditions etc. | Click or tap here to enter text. |
| What other agencies are involved in the case? E.g. Police, Harbour, Social Worker, etc. Please provide their names where known. | Click or tap here to enter text. |
| Is the client at risk of homelessness if the work is not carried out? | Yes [ ]  No [ ]  |
| Does the client require support with finding alternative accommodation? | Yes [ ]  No [ ]  |
| If known, what is the name, DOB of the perpetrator and relationship to the client?  | Click or tap here to enter text. |
| If the perpetrator is in prison, when are they due to be released? | Click or tap here to enter text. |
| Have you visited the property?If yes, what are your observations? | Yes [ ]  No [ ] Click or tap here to enter text. |

**8. Risk**

Is there any risk posed to those visiting the property? I.e. are two members of staff required to attend the property, issues with pets, possible threats etc.?

Yes [ ]

No [ ]

Details: Click here to enter text.

**Please complete electronically in Microsoft Word and email completed referral form to:** **CrimePreventionOfficers@durham.pnn.police.uk**

**Standard Equipment Checklist. To be completed by Crime Prevention Officers only**

|  |  |  |
| --- | --- | --- |
| **Item:** | **Number to be installed:** | **Location/Specific requirements:** |
| **Window Security** |  |  |
| Window film (will be installed within 7 working days) | Click here to enter text. | Click here to enter text. |
| Window restrictors (jaclock etc…) | Click here to enter text. | Click here to enter text. |
| Window locks (snaplock/sash lock etc…) | Click here to enter text. | Click here to enter text. |
| Vibration sensors | Click here to enter text. | Click here to enter text. |
| **Door Security**  |  |  |
| Door viewer | Click here to enter text. | Click here to enter text. |
| Door chain | Click here to enter text. | Click here to enter text. |
| Patio door locks | Click here to enter text. | Click here to enter text. |
| PAT lock | Click here to enter text. | Click here to enter text. |
| Mortice lock / bolt | Click here to enter text. | Click here to enter text. |
| Euro profile cylinders (UPVC lock change) | Click here to enter text. | Click here to enter text. |
| 5 lever Sashlock and deadlock (BS3621) (lock changes/upgrade) | Click here to enter text. | Click here to enter text. |
| Sonic door sensor | Click here to enter text. | Click here to enter text. |
| **Other** |  |  |
| External post box | Click here to enter text. | Click here to enter text. |
| Lockable letter plate | Click here to enter text. | Click here to enter text. |
| Padlock with HASP/ lever padlock (gate security) | Click here to enter text. | Click here to enter text. |
| Solar light | Click here to enter text. | Click here to enter text. |
| Battery operated outside light | Click here to enter text. | Click here to enter text. |