

**CHAB Programme Self Referral Form**

**Changing Harmful Attitudes and Behaviours**

**Programme Overview**

CHAB is a culturally-informed intervention programme designed for South Asian people who have demonstrated harmful or abusive behaviours in intimate and family relationships. The programme addresses specific cultural contexts while working to create positive behavioural change.

CHAB is a culturally-informed intervention programme designed for South Asian individuals who have demonstrated harmful or abusive behaviors in intimate relationships. The programme addresses specific cultural contexts while working to create positive behavioral change.

**Eligibility Criteria**

* South Asian people demonstrating harmful behaviours in relationships
* Must consent to programme participation
* Willing to engage in cultural and behavioural change work
* Not currently high-risk MARAC cases
* Aged 18+
* Resident in service area or partner/ex-partner/family resident in service area

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of referral |  | | | |
| Location of referral | Bradford |  | Leicester, LeicestershireRutland |  |

**Your Details**

|  |  |  |
| --- | --- | --- |
| Full Name |  | |
| Date of Birth |  | |
| Sex/Gender |  | |
| Address |  | |
| Contact Number |  | |
| Email |  | |
| Language Spoken |  | |
| Interpreter Required | YES | NO |
| Language required if (yes) |  | |
| Ethnicity: |  | |
| Religion: |  | |
| Immigration status: |  | |
| Sexual Orientation |  | |
| Disability/ Medical issues  (If YES, give further information) |  | |
| Additional needs related to neurodiversity?  (eg autism, dyslexia) |  | |

**Relationship Information (Please provide details of Partner/ ex-partner/ family member. The details we require are for the person/s you have demonstrated harmful or abusive behaviours towards.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship Status | Together | | | Separated |
| Relationship | Partner | Ex-partner | | Family member |
| Name |  | | | |
| DOB |  | | | |
| Sex/Gender |  | | | |
| Contact details: |  | | | |
| Address: |  | | | |
| Interpreter needed: | YES | | NO | |
| Language spoken: |  | | | |
| Disability/ Medical issues  (If YES, give further information) |  | | | |
| Ethnicity: |  | | | |
| Religion: |  | | | |
| Immigration status: |  | | | |

|  |  |  |
| --- | --- | --- |
| Sexual Orientation: |  | |
| Additional needs related to neurodiversity?  (eg autism, dyslexia) |  | |
| Are they aware that you have referred yourself into the service? | Yes | No |

**Children:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Sex/Gender | Relationship to you | Living and contact arrangements |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Pregnancy |  |  |  |  |

**Family court:**

|  |  |  |
| --- | --- | --- |
| Are you currently involved in family court? | No | Yes, please provide details |
| Were you previously involved in family court? | No | Yes, please provide the date and outcome. |
| If you were previously involved in family court, was this in the last 12 months? |  |  |

**Tell us what lead you to complete a self referral:**

(Please provide a brief description of the situation, family dynamics and support needs.)

**Agency Involvement: Are you or your household/ family engaged with any other services.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children’s  Social Care |  | Contact details |  | |
| Adult Social Care |  | Contact details |  | |
| Probation |  |  |  | |
| Police involvement | YES | | | NO |
| Community organisations:  This can include any organisation supporting the family such as, housing, universal services, Domestic abuse service, Citizens Advice Bureau, substance misuse services, parenting support and care and support services. |  | | | |

**Additional Information**

(Please provide any additional information you would like us to consider as part of this referral) – e.g are you subject to bail conditions or restraining orders/non- molestation orders. Are there any child contact arrangements that you are involved in.

**Consent and Information Sharing declaration**

I confirm that:

* The information provided is accurate
* I am aware someone will contact me to explore this referral and may ask for additional information to process the referral.
* I am aware that CHAB works alongside other safeguarding services and may need to discuss referrals with them.
* I am aware my partner/ex-partner/family member will be contacted in relation to this referral

Send completed form to: [enquries@chab.org.uk](mailto:enquries@chab.org.uk)

For queries contact: **07428581723** to leave a message for the CHAB team please note the number is checked Monday- Friday 10-3pm