|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRER DETAILS** | | | |
| Referrer type | Police  Agency  Self  Other | Referrer name |  |
| Referrer email | s |
| Referrer phone |  |
| Date of referral |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | | | | | | | | | |
| Client’s full name |  | | | | | DOB |  | | | | Age | |  |
| Consent to refer | Yes  No | | Under 18? Name of parent/guardian | | | |  | | | | | | |
| Gender |  | | Sexuality |  | | | Religion | |  | | | | |
| Ethnicity |  | | Language spoken | |  | | Translator required? | | | Yes  No | | | |
| Any disabilities |  | | | | | | | | | | | | |
| Drug/alcohol/mental health issues | |  | | | | | | | | | | | |
| Full Address & Postcode | |  | | | | | | Safe to send letter? | | | | Yes  No | |
| Safe contact number | |  | | | | | | Ok to leave message/send text? | | | | Yes  No | |
| Email Address | |  | | | | | | Ok to disclose to others in household? | | | | Yes  No | |
| Names & DOB of any children in household | |  | | | | | | Preferred contact method | | | | Phone  Post  Email  Any | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CRIME DETAILS** | | | |
| Reported to police? | Yes  No | Date reported |  |
| Type of offence  Rape  Sexual assault  Other sexual offence (please specify) | Please provide basic details here – these are needed in order to give appropriate support | | |
| Crime Reference no |  | URN if known |  |
| Date of offence |  | Location of offence |  |
| Relationship to offender (eg partner, stranger, acquaintance) | |  | |
| Significant flags (eg MARAC, self harm, DV, mental health) | |  | |
| Any additional information which you think may be helpful to the ISVA team | | | |

Please return securely via[**wy.isva@victimsupport.cjsm.net**](mailto:wy.isva@victimsupport.cjsm.net) Call 01274 535432 with any queries.