



## Independent Sexual Violence Advisor (ISVA) Referral Form

*Please complete with as much information as possible (leave boxes blank if not applicable)*

<b>Location:</b>	Shropshire <input type="checkbox"/>	Telford & Wrekin <input type="checkbox"/>	<b>Our Ref:</b>
<b>Referrer Information:</b>		<b>Police Referrals Only:</b>	
Agency Referring:		OIC Contact:	
Date of Referral:		OIC Email:	
Person Referring:		OIC Direct Line:	
Referrers Email:		OIS Incident Log Ref:	
Direct Line:		Crime Ref No:	
<b>Client Information:</b>			
Surname:		DOB:	
Forenames:		Ethnic group:	
Preferred Name:		First Language:	
Address:		Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Mobile No:	
		Safe? <input type="checkbox"/> Unsafe? <input type="checkbox"/> Ok to leave message? <input type="checkbox"/>	
		Landline:	
Safe? <input type="checkbox"/> Unsafe? <input type="checkbox"/> Ok to leave message? <input type="checkbox"/>		Email address:	
Postcode:		Safe? <input type="checkbox"/> Unsafe? <input type="checkbox"/>	
Safe to use? <input type="checkbox"/> Unsafe? <input type="checkbox"/>			
<b>Any additional vulnerabilities:</b>			
Learning Difficulties <input type="checkbox"/>		Physical Disability <input type="checkbox"/>	
Substance Misuse <input type="checkbox"/>		Self-Injury <input type="checkbox"/>	
Mental Health Issues <input type="checkbox"/>		Homeless <input type="checkbox"/>	
Other:			
Is the client pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> How many weeks?			
Is the client involved with other voluntary/statutory agencies: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please name the agency or workers involved:			
<b>Attended SARC:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>FME:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Date:</b>			
Any other relevant information:			
<b>Children</b>			
Does the client have children? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Child's name</b>	<b>DOB</b>	<b>Male or female</b>	
		F <input type="checkbox"/>	M <input type="checkbox"/>
		F <input type="checkbox"/>	M <input type="checkbox"/>
		F <input type="checkbox"/>	M <input type="checkbox"/>
		F <input type="checkbox"/>	M <input type="checkbox"/>
Do any of the children have a child protection plan or have they been referred to Children's Services? Detail:			Yes <input type="checkbox"/> No <input type="checkbox"/>



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Incident(s)			
Rape	<input type="checkbox"/>	Multiple Assailant Rape	<input type="checkbox"/>
Childhood Sexual Abuse	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>
Sexual Violence	<input type="checkbox"/>	Assault by penetration	<input type="checkbox"/>
		Suspected drug facilitated	<input type="checkbox"/>
		Sexual Touching	<input type="checkbox"/>
		Not known	<input type="checkbox"/>
Date of Incident:		Location of Incident:	
Brief details of incident:			
Suspect details:			
Name:		D.O.B:	
Bail conditions:			
Bail date (if known):			
Relationship to client:			
Partner	<input type="checkbox"/>	Ex partner	<input type="checkbox"/>
Relative (s)	<input type="checkbox"/>	Acquaintance*	<input type="checkbox"/>
Stranger 1**	<input type="checkbox"/>	Stranger 2 ***	<input type="checkbox"/>
Gang Related	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
*Acquaintance = friends, colleagues, neighbours, step/foster family , i.e. known to the survivor over a period of time			
** Stranger 1 = perpetrator makes a sudden attack without prior notice			
*** Stranger 2 = Perpetrator makes contact before the assault eg buys a drink, starts a conversation but is not otherwise known to survivor			
Domestic Abuse Related Incidents:			
Has a DASH assessment been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please attach/forward a copy of the DASH assessment			
Are there any issues concerning safety that staff need to be aware of?			
Clients Consent:			
I agree to being referred to the ISVA Service			
Signature of Client.....		Date.....	
If unable to obtain a signature please confirm that verbal consent has been given Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date.....			

Please forward securely to: [isva.service@axis.cjsm.net](mailto:isva.service@axis.cjsm.net)

Shropshire: 01743 243007

Telford & Wrekin: 01952 586790

ISVA Service Manager: 01743 243035