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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location: (Please tick)** | **Shropshire**  |  | **Telford & Wrekin**  |  | **Our Ref:** |

|  |  |
| --- | --- |
| **Referrer Information:** | **Police Referrals Only:** |
| Agency Referring: | OIC Contact: |
| Date of Referral:  | OIC Email:  |
| Person Referring: | OIC Direct Line:  |
| Referrers Email:  | OIS Incident Log Ref:  |
| Referrers Direct Line:  | Crime Ref No:  |
| **Client Information: (For Yes/ No answers, please delete)** |
| Surname: | Title: Mr/Mrs/Miss/ Other………........ | DOB: |
| Forenames: | Ethnic group: |
| Preferred Name: | First Language: |
| Address:Postcode:**Safe to write?** Yes/ No  | Interpreter Required: Yes/ No |
| **Mobile No:** **Safe to call?** Yes/ No**Ok to leave message?** Yes/ No **Ok to text?** Yes/ No**Landline No:** **Safe to call?** Yes/ No**Ok to leave message?** Yes/ No **Ok to text?** Yes/ No**Email address:****Safe?** Yes/ No |
| **Any additional vulnerabilities: (please delete)** |
| **Learning Difficulties** Yes/No | **Physical Disability** Yes/ No |
| **Substance Misuse** Yes/No | **Self-Injury** Yes/ No  |
| **Mental Health Issues** Yes/ No | **Homeless** Yes/ No |
| Other:  |
| **Is the client pregnant?** Yes/ No How many weeks? |
| Is the client involved with other voluntary/statutory agencies: Yes/ No If yes please name the agency or workers involved:  |
| **Attended Sexual Assault Referral Centre (SARC):** Yes **/** No **Forensic Medical Examination?:** Yes/ No **Date:** |
| Any other relevant information: (If this referral if for a child or young person – please provide the name of the Parent/ Carer and their contact details below) |
|  **Children** |
| Does the client have children? | Yes/ No  |
| **Child’s name** | **DOB** | **Male or female (please delete)** |
|  |  | Female/ Male  |
|  |  | Female/ Male  |
|  |  | Female/ Male  |
|  |  | Female/ Male  |
| Do any of the children have a child protection plan or have they been referred to Children’s Services?Detail: | Yes/ No  |
| **Incident(s) - Please indicate which category or categories best fit what has happened by putting an x in the box(es)** |
| Rape  |  | Attempted rape |  | Multiple Assailant Rape  |  |
| Assault by penetration  |  | Sexual Assault  |  | Sexual Touching  |  |
| Childhood Sexual Abuse  |  | Child sexual exploitation |  | Online Sexual offences |  |
| Sexual Violence  |  | Suspected drug facilitated  |  | Not known  |  |
| Date of Incident: | Location of Incident: |
| Brief details of incident: |
| **Suspect details (if known):** |
| **Name:** | **D.O.B:** |
| **Bail conditions:****Bail date (if known):** |
| **Relationship to client: (please indicate with an x in the relevant box)** |
| Partner  |  | Ex-partner  |  | Relative (s)  |  | Acquaintance\*  |  |
| Stranger 1\*\*  |  | Stranger 2 \*\*\*  |  | Gang Related  |  | Unknown  |  |
| \*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/ No 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/ No** **Date…………………………………………….** |

**Please forward securely to:** isva.service@axis.cjsm.net

**Or if you do not have access to secure email, password-protect the referral and email to:** isva@axiscounslling.org.uk **and contact us separately with the password.**

**Shropshire: 01743 243007 Telford & Wrekin: 01952 586790**