

RASASC REFERRAL FORM

Please confirm that the individual has given consent for this RASASC referral, and it is safe to make contact via telephone and post. Please delete as appropriate: Yes / No

Ref No:

Client informed of confidentiality limitations and database use

(If it is not safe then please identify below and provide alternative safe contact details)

Please complete the referral form with as much detail as possible. The **minimum** information required is highlighted in red. Without this information, we cannot process the referral.

CLIENT'S NAME:				REFERRAL DATE:										
CLIENT'S ADDRESS:				CLIENT'S CONTACT NO: Alternative no. if phone seized by police:										
TOWN:				CLIENTS EMAIL ADDRESS:										
DATE OF BIRTH:				POST CODE:		AGE		<u>IF UNDER 16'S COMPLETE APPENDIX 1</u>						
REFERRING ORGANISATION:				NAME & TITLE OF PERSON MAKING REFERRAL:										
REFERRER'S TEL NO.				NATURE OF YOUR INVOLVEMENT:										
EMAIL ADDRESS:														
Ok to send post	YES		NO		Ok to leave a telephone message	YES		NO		OK to send text	YES		NO	
DETAILS OF INCIDENT/POLICE/SARC														
REPORTED TO THE POLICE				YES		NO		INCIDENT NUMBER:						
POLICE DIVISION:				INVESTIGATING OFFICER:										
STATUS OF POLICE INVESTIGATION:														
HAS THE CLIENT ATTENDED SARC (SEXUAL ASSAULT REFERRAL CENTRE)?										YES		NO		
IF YES PLEASE CONFIRM DATE OF FORENSIC EXAMINATION:														
IF NO PLEASE STATE WHY:														
HAS THE CLIENT HAD SEXUAL HEALTH CHECKS?				YES		NO								
DATE OF ASSAULT OR APPROXIMATE PERIOD OF ABUSE:							AGE AT TIME OF ASSAULT:							
TYPE OF ASSAULT :		RAPE		CHILDHOOD SEXUAL ABUSE				SEXUAL VIOLENCE				OTHER		
PERPETRATOR RELATIONSHIP TO CLIENT, PLEASE SPECIFY MALE OR FEMALE.														
PLEASE DETAIL NATURE OF INCIDENT AND CLIENT SUPPORT NEEDS.														

RASASC REFERRAL FORM

LIVING WITH: ALONE / PARTNER / CHILDREN / RELATIVE / CARER

NUMBER OF DEPENDENTS (UNDER 18S)

MALE

FEMALE

GP DETAILS:

CLIENT DISABILITY: If a client considers themselves to have a disability please select the most appropriate definition. If the client has multiple disabilities please select the definition that reflects the predominant disability.

Not Considered Disabled

Mental Health Issues

Other

Physical Impairment

Learning Disability/Difficulty

Unknown

Sensory Impairment

Long Standing Illness or Health Condition

IF ANY OF THE ABOVE BOXES ARE TICKED, PLEASE PROVIDE FURTHER DETAILS INCLUDING ANY FORMAL DIAGNOSIS.

STATUTORY FRAMEWORKS: Does the client have any involvement with the following. Please mark all that apply:

MARAC

Probation / Youth Offending

Homeless

MAPPA

Social Care

CAMHS

ASBO

Drug / Alcohol Intervention

Other

PLEASE STATE IF THE CLIENT IS OPEN TO ANY OTHER AGENCIES/SERVICES AND IF THE CLIENT POSES ANY POTENTIAL RISK TO THEMSELVES OR OTHER PROFESSIONALS. PLEASE GIVE NAME AND CONTACT DETAILS OF ANY WORKERS INVOLVED.

OFFICE USE ONLY

Actions taken

Referral Taken by..... Database updated Y / N: Updated by:
 Allocated Worker..... IA Date:..... IA Location:.....

PLEASE RETURN VIA EMAIL: support@rapecentre.org.uk / caz.battersby@rasasc.cjsm.net

OR VIA FAX: 01925 634636

For any queries regarding a referral please contact RASASC on 0330 363 0063 or 01925 221546

RASASC REFERRAL FORM

APPENDIX 1 CHILDREN UNDER 16

SAFEGUARDING INFORMATION: Is this child/young person open to any of the following:

Social Care	<input type="checkbox"/>	Child Protection Plan	<input type="checkbox"/>	Child In Need	<input type="checkbox"/>
Looked After Child	<input type="checkbox"/>	Subject to care order	<input type="checkbox"/>	CAF	<input type="checkbox"/>

IF ANY OF THE ABOVE BOXES ARE TICKED, PLEASE PROVIDE FURTHER DETAILS. PLEASE GIVE NAMES AND CONTACT DETAILS.

WHO DOES THE YOUNG PERSON / CHILD LIVE WITH:
If address differs from parent/carer please state:

IS THE CHILDS PARENT/CARER AWARE OF THIS REFERRAL	YES		NO	
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IF TICKED NO PLEASE PROVIDE FURTHER DETAILS:

OFFICE USE ONLY

Actions taken

Referral Taken by..... Database updated Y / N: Updated by:

Allocated Worker..... IA Date:..... IA Location:.....

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