



ONYX SEXUAL VIOLENCE SUPPORT SERVICE ISVA REFERRAL



Please send completed referral forms to: onyx@ecpbedford.org

We offer free and confidential practical and emotional support to both children and adults who have experienced rape, sexual violence or childhood sexual abuse – whether recent or non-recent. Those referred do not have to be working with police to receive ISVA support. We accept referrals from all agencies and also self-referral direct from clients.

CLIENT DETAILS

NAME:	D.O.B:
ADDRESS:	TELEPHONE NUMBER: Is the number safe? (If referring a child please give parent/guardian details) (please indicate the best time to call)
EMAIL:	SAFE: Post Text Email Voicemail
PREFERRED METHOD OF CONTACT:	
GENDER:	ETHNIC ORIGIN:
NATIONALITY:	RELIGION:

DISCLOSURE / INCIDENT DETAILS

DISCLOSURE TYPE:			
Rape	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>
Sexual assault / abuse	<input type="checkbox"/>	Stalking	<input type="checkbox"/>
Childhood sexual abuse	<input type="checkbox"/>	CSE / Exploitation / Grooming	<input type="checkbox"/>
Trafficking / sex work	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>
DETAILS:		DATE/S:	<input type="text"/>
Please give as much detail as possible (date, place, etc.):			

REPORTED TO POLICE?	YES		NO		<i>and / or</i>	REFERRED TO SARC?	YES		NO	
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NAME OF OIC:

CONTACT DETAILS OF OIC:

CRIME REFERENCE NUMBER:

ANY BAIL CONDITIONS / ORDERS?

SUSPECT DETAILS – IF KNOWN (in cases where there is a safeguarding need):

NAME:	D.O.B:
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ADDRESS:

SUSPECT KNOWN TO VICTIM?	YES		NO		Please detail:
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ANY OTHER RELEVANT INFORMATION:

RISK TO SELF? (Self-harm, suicide, alcohol, drugs, other)	
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RISK TO OTHERS? (Aggressive / abusive behaviours)	
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OTHER AGENCIES INVOLVED?	
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REASON FOR REFERRAL? WHAT SUPPORT DOES CLIENT REQUIRE?	
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ANY OTHER INFORMATION YOU FEEL IS RELEVANT?

REFERRER'S DETAILS:

NAME:	TEL:
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EMAIL:

JOB TITLE:	ORGANSIATION:
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DATE FORM COMPLETED:	
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Please complete the following:

CONSENT AND DATA PROTECTION AGREEMENT:

*The Early Childhood Partnership takes data protection very seriously and is committed to protecting your privacy. (Please visit www.oneymca.org to view our Privacy Policy) We will process the personal information you provide in a manner which is compliant with all applicable data protection legal requirements. **Information provided will not be shared with any third parties without prior consent unless it is necessary for the safeguarding/protection of a child or vulnerable adult***

I agree to the referral and understand why it is being made and my role within it	Yes / No
I understand that this is a voluntary process/referral and I can withdraw my consent at any time	Yes / No
I understand that information relating to myself or my child's needs will be recorded and that all paper copies will be stored in a secure place and electronic copies on a secure computer	Yes /No
I understand that the referral and information relating to myself or my child's needs will be logged securely on an electronic data management system	Yes / No
I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with the Early Childhood Partnership	Yes / No

Signature:		Verbal Consent Obtained?	Date:
Referrers Signature:			Date:

By circling 'Yes' under verbal consent rather than obtaining a signature the referrer is confirming that all necessary consent requirements in this referral have been explained to the parent/carer and understood. The referrer is also confirming that the full content of the referral has been communicated to the parents/carers concerned.