



## TRAFICKING AND EXPLOITATION ISVA REFERRAL

Managed by Onyx, One YMCA's Sexual Violence Support Service

Please send completed referral forms to: [onyx@oneymca.org](mailto:onyx@oneymca.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

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

### DISCLOSURE / INCIDENT DETAILS

<b>DISCLOSURE TYPE:</b>									
Rape		Domestic abuse		Other (please state):					
Sexual assault / abuse		Stalking		Harmful practice (FGM), County Lines, etc					
Childhood sexual abuse		CSE / Exploitation / Grooming							
Trafficking / sex work		Sexual Harassment							
<b>DETAILS:</b>					<b>DATE/S:</b>				
Please give as much detail as possible (date, place, etc.):									
REPORTED TO POLICE?	YES	NO	<i>and / or</i>		REFERRED TO SARC?	YES	NO		
<b>NAME OF OIC:</b>									

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:		
ADDRESS:				
SUSPECT KNOWN TO VICTIM?	YES		NO	Please detail:

**ANY OTHER RELEVANT INFORMATION:**

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

**REFERRER'S DETAILS:**

NAME:	TEL:
EMAIL:	
JOB TITLE:	ORGANSIATION:
DATE FORM COMPLETED:	

**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](http://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.