

Referral Form

Please send completed referral forms to: hertsisva@oneymca.org

We aim to respond to your referral within 48 working hours. If you are in urgent need of help, please call the Police on 999, Mental Health Crisis 0800 6444 101 or the Samaritans on 116 123.

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) <i>(please indicate the best time to call)</i>		
EMAIL:	SAFE TO CONTACT BY: Post Text Email Voicemail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PREFERRED METHOD OF CONTACT (Please tick): PHONE CALL <input type="checkbox"/> TEXT <input type="checkbox"/> EMAIL <input type="checkbox"/>	SEXUAL ORIENTATION (please tick)		
	Heterosexual <input type="checkbox"/>	Unknown <input type="checkbox"/>	
	Bi-Sexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
	Gay Man <input type="checkbox"/>	Self-describe (please enter):	
	Gay <input type="checkbox"/>		
	Woman/Lesbian <input type="checkbox"/>		
GENDER:	ETHNIC ORIGIN:		
NATIONALITY:	RELIGION:		

DISCLOSURE / INCIDENT DETAILS

DISCLOSURE TYPE:			
Rape	<input type="checkbox"/>	Domestic abuse (please provide DASH/details of MARAC referral if completed)	<input type="checkbox"/> Other (please state):
Sexual assault / abuse	<input type="checkbox"/>	Stalking	Harmful practice (FGM), County Lines, etc
Childhood sexual abuse	<input type="checkbox"/>	CSE/Exploitation/Grooming	
Trafficking	<input type="checkbox"/>	Sexual harassment	

Sex work	<input type="checkbox"/>	Drugs/alcohol used in assault	<input type="checkbox"/>	
LOCATION OF INCIDENT:			INCIDENT DATE/S:	
Please give brief details of the incident:				
REPORTED TO POLICE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
			<i>and / or</i>	
REFERRED TO SARC?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ABE completed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CURRENT STAGE OF CRIMINAL JUSTICE PROCESS (under investigation, with CPS, charged, trial/sec 28 dates, awaiting sentencing, NFA, withdrawn etc.):				
NAME OF OIC (Officer in Charge):				
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	<input type="checkbox"/>	NO	<input type="checkbox"/>
				Please detail the relationship:
ANY OTHER RELEVANT INFORMATION:				
RISK TO SELF? Mental health <input type="checkbox"/> Self-harm/suicide risk <input type="checkbox"/> Substance misuse <input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/>			Other/Comments:	
RISK TO OTHERS? (Aggressive / abusive behaviours)				
OTHER AGENCIES INVOLVED?				
REASON FOR REFERRAL? WHAT SUPPORT DOES CLIENT REQUIRE?				

THE HERTFORDSHIRE ISVA SERVICE HAS MALE AND FEMALE ISVA's. ARE YOU HAPPY TO WORK WITH EITHER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If No please state preference:
SUPPORT DELIVERY PREFERENCE				
Mix face to face and phone/video/email support <input type="checkbox"/>				
Remote support only via phone/video/email <input type="checkbox"/>				
ANY OTHER INFORMATION YOU FEEL IS RELEVANT?				

REFERRER'S DETAILS:	
NAME:	TEL:
EMAIL:	
JOB TITLE:	ORGANISATION:
DATE FORM COMPLETED:	

Please complete the following:

CONSENT AND DATA PROTECTION AGREEMENT:	
<p>One YMCA 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</p>	
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 One YMCA	Yes / No
Signature:	Verbal Consent Obtained?
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.