**SARSAS PROFESSIONAL REFERRAL FORM**

* Any information included in this form may be shared with the client.
* Please inform the client that the information is gathered to ensure we offer the best support.
* Please inform the client that their support may be provided by SARSAS’s Sexual Violence Alliance Partners: Womankind, Kinergy, The Green House or Southmead Project. A copy of this form would be shared with the service providing support.
* This form will be uploaded to a restricted-access database and kept for 7 years after the client leaves our service. We will not share it with third parties without their explicit consent.

**ALL BOXES ARE MANDATORY – REFERRALS MAY NOT BE ACCEPTED IF ANY AREA IS INCOMPLETE.**

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| Date |  | Has the client accessed SARSAS support previously? | Yes  No  Not Known |
| Have you obtained consent from the client to make this referral? | | | Yes |
| Have you obtained consent for SARSAS to share information with SV Alliance Partners? | | | Yes |

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| **REFERRER DETAILS** | | |
| Referrer name |  | |
| Referrer organisation & role |  | |
| Referrer contact number |  | |
| Referrer email address |  | |
| In which capacity do you know the client? |  | |
| Would you like to be informed of any outcomes of support? | | Yes  No |

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| **CLIENT DETAILS** | | | |
| Name |  | | |
| DOB |  | Age |  |
| How would the client describe their gender? |  | Does the client identify with the sex/gender they were assigned at birth? | Yes  No  Unsure |
| How would the client describe their ethnicity? |  |
| Contact number |  | Safe to leave message? | Yes  No |
| Safe to text? | Yes  No |
| Alternative contact |  | | |
| Email address |  | Safe to email? | Yes  No |
| Postal address |  | Safe to post | Yes  No |

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| **REASON FOR REFERRAL** | | | | | | | | | | | | |
| Was incident recent (within last 12 months)? | Yes  No | | If yes, what was the date? (if known) | | | |  | | | | | |
| Was incident non-recent (over 12 months ago)? | Yes  No | | If yes, what was the age of client at time of incident? | | | |  | | | | | |
| Type of offence | Rape | | | Other sexual assault | | | | | | Unknown | | |
| Incident related to | Sex work | | Trafficking | | | Sibling Sexual Abuse | | | | | | CSA |
| Any other relevant details regarding incident |  | | | | | | | | | | | |
| Relationship of perpetrator(s) | Partner | Ex-partner | | | Family member | | | | Acquaintance | | Stranger | |
| Other: | |  | | | | | | | | | |
| Has incident been reported to Police? | Yes  No | | If reported to police, please provide details of when reported, officer(s) dealing with, outcome / current stage of investigation etc. | | | | |  | | | | |

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| **ADDITIONAL INFORMATION** | | | | | |
| Does the client have any mental health issues? | Yes  No | Further details | |  | |
| Does the client have any learning disabilities and/or Autism Spectrum Condition? | Yes  No | Further details | |  | |
| Does the client have any learning difficulties?  (e.g., Dyslexia, Dyspraxia, Dyscalculia) | Yes  No | Further details | |  | |
| Does the client have any physical health conditions / disabilities? | Yes  No | Further details | |  | |
| Does the client have any sensory impairment? | Yes  No | Further details | |  | |
| Is an interpreter required? | Yes  No | Language required:  (Please include the details of any professional involved, who could support with the referral) | |  | |
|  | | | | | |
| **SAFEGUARDING – REFERRALS MAY NOT BE ACCEPTED IF THIS SECTION IS INCOMPLETE** | | | | | |
| Has a safeguarding referral been made regarding this case? | | | Yes  No | | |
| If yes, please provide details of the safeguarding concerns | | |  | | |
| Safeguarding referral made to | | |  | Date safeguarding referral made |  |
| Please provide details of any other actions taken regarding this case | | |  | | |
| Please provide details of any next steps planned regarding this case | | |  | | |

**ONCE THE REFERRAL HAS BEEN PROCESSED, SARSAS WILL SEND AN EMAIL TO THE CLIENT ACKNOWLEDGING RECEIPT OF REFERRAL (IF SAFE TO EMAIL). WE WILL ARRANGE FOR OUR PATHWAY AMINISTRATORS TO CALL THE CLIENT, INTRODUCE SERVICES AND BOOK AN ASSESSMENT FOR SUPPORT. PLEASE INFORM THE CLIENT THAT OUR NUMBER SHOWS AS WITHHELD.**

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| **TO KEEP ALL INFORMATION CONFIDENTIAL, PLEASE SEND THIS REFERRAL VIA THE FOLLOWING METHODS:** | |
| Postal Address | SARSAS, P.O Box 2942, Bristol, BS1 9EU |
| Secure Email | CJSM users: [office.admin@sarsas.cjsm.net](mailto:office.admin@sarsas.cjsm.net) (you must send from your CJSM account)  Egress Switch users: [info@sarsas.org.uk](mailto:info@sarsas.org.uk) (you must send from your Egress switch account)  Before attaching, please name the file using ‘Client’s initials – referring agency’.  **Please note, that if there is information missing the referral may not be accepted and will be returned to be completed in full.** |