**INTERNAL AGENCY REFERRAL FORM**

Please complete all relevant sections of the form as fully as you can. When we have received a completed referral form we will contact the client with details of next steps. Please make sure the preferred contact details are correct.

SARSVL uses the information you give us for monitoring and reporting purposes. We keep your information securely stored in our office and in online Data Performance Management System (DPMS). We do not share information with anyone else unless we are concerned about a safeguarding issue such as risk to the client and/or others or risk to a child. SARSVL will keep this information for 7 years after the client has stopped using the service after that time the information will be destroyed confidentially.

**SECTION A - please complete for all referrals**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SARSVL will hold the contact information you share about the client regarding this referral TICK THIS BOX IF SHE AGREES TO THIS. | | | | | | | | |  | | | |
| SARSVL processes the information provided anonymously and in strict confidence for monitoring and for applications for funding. TICK THIS BOX IF THE CLIENT AGREES TO THIS. | | | | | | | | |  | | | |
| **REFERRING SERVICE:** | | | **REFERRER NAME:** | | | | | | | | | |
| REFERRER TEL NUMBER: | | | **REFERRAL DATE:** | | | | | | | | | |
| **CLIENT’S NAME:** | | | DATE OF BIRTH: | | | | | NEW/RETURNER | | | | |
| CLIENT’S CONTACT NO:  Alternative no. if phone seized by police: | | | | OK FOR VOICEMAIL | | | YES | | | | NO | |
| OK FOR TEXTS | | | YES | | | | NO | |
| CLIENT’S ADDRESS:  POSTCODE: | | | ALTERNATIVE SAFE CONTACT DETAILS: | | | | | | | | | |
| NUMBER OF DEPENDANTS (under 18): | | | EMAIL: | | | | | | | | | |
| OK TO SEND LETTERS TO ADDRESS | | | YES | | NO | OK TO EMAIL | | | | YES | | NO |
| OK TO SEND LETTERS WITH SARSVL LOGO | | | YES | | NO |
| LANGUAGE: | | INTERPRETER REQUIRED: | | | | | | | | YES | | NO |
| DOES THE CLIENT CONSENT TO YOU MAKING THIS REFERRAL TO SARSVL? (we cannot progress with this referral if the client does not give consent):  YES/NO | | | | | | | | | | | | |
| WHAT DAY/TIME IS BEST TO CONTACT THE CLIENT? ( Please note that the ISVA service is open Monday-Thursday 9am-5pm): | | | | | | | | | | | | |
| DOES THE CLIENT HAVE A PHYSICAL DISABILITY OR NEED ANY PRACTICAL ADJUSTMENTS MAKING SO THEY CAN ACCESS SARSVL SERVICES? (If so please give details) | YES | | | | | NO | | | | | | |
| PLEASE NAME ANY OTHER ORGANISATIONS INVOLVED WITH THE CLIENT: | | | | | | | | | | | | |
| NAME AND ADDRESS OF GP PRACTICE: | | | GP TELEPHONE NUMBER: | | | | | | | | | |

**SECTION C - COUNSELLING**

PLEASE SPECIFY WHAT TYPE OF COUNSELLING THE CLIENT WOULD LIKE:

We offer Wellbeing and Self-Care work for either 4 or 8 sessions for women who want structured work that is focused on creating a sense of safety and stabilisation. These are for women who are not ready to talk about what has happened to them, but want to address its impact to improve their ability to function on a daily basis. This work is also available for women who are in the criminal justice system (have reported to the Police, and/or have a case underway).

The 20 sessions of counselling are for women who are ready and able to explore what has happened to them, as well as creating coping mechanisms to manage the impact of their experiences. Group counselling is an opportunity for women to work with other women who have had similar experiences with the support of a group therapist. These options are not available for women in the criminal justice system.

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| 4 FORTNIGHTLY SESSIONS IN THE WELLBEING PROGRAMME | YES/NO | 8 WEEKLY SESSIONS IN THE SELF CARE SESSIONS | YES/NO |
| 20 SESSIONS OF COUNSELLING | YES/NO | 8 WEEKLY SESSIONS OF GROUP COUNSELLING | YES/NO |
| CLIENT WOULD LIKE TO DISCUSS HER OPTIONS WITH A COUNSELLOR DURING AN ASSESSMENT | | | YES/NO |

|  |
| --- |
| PLEASE TELL US WHY THE CLIENT WOULD LIKE TO RECEIVE COUNSELLING, AND WHY NOW: |

The Counselling Service at SARSVL is able to offer counselling to women who are currently engaged in the criminal justice system following disclosure to the Police about the sexual violence they have experienced. This includes a report being made, a case currently being investigated, an upcoming trial or a trial that is underway.

IS THE CLIENT CURRENTLY INVOLVED IN THE CRIMINAL JUSTICE SYSTEM?

🞏 Yes 🞏 No

HAS THE CLIENT EVER REPORTED ANY INCIDENTS OF SEXUAL VIOLENCE TO THE POLICE?

🞏 Yes 🞏 No

Please be aware that the provision of counselling to women in the criminal justice system is subject to additional factors you will need to be aware of, in order to adequately support you. This will be explained at the assessment stage, should this apply to you.

**SECTION D – MONITORING INFORMATION – please complete for all referrals**

SARSVL uses the information gathered in this section to capture the diversity of our clients and help us to better deliver our services in line with who you are. We also use this information to report back to our funders anonymously on the women who access our services. We do not share the client’s personal information with any of our funders.

The client does not need to complete this section if she does not wish to.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DOES THE CLIENT IDENTIFY AS FEMALE: | | |  | | | | |
| DISABILITY: | | | | | | | |
| Mental Health | Physical Disability | | | | Mobility Physical | | Speech Impairment |
| Blind/Visual Impairment | Deaf/Hearing Impairment | | | | Learning Difficulty | | Long Term Illness |
| Prefer not to say | Other | | | | None | |  |
| ETHNICITY (*Please state*): | | SEXUALITY (*Please state*): | | | | RELIGION(*Please state*): | |
| RELATIONSHIP STATUS *(please state)*: | | | | EMPLOYMENT STATUS*(please state)*: | | | |
| HOW DID YOU FIND OUT ABOUT SARSVL? | | | | | | | |