**The Ferns/ISVA Referral Form**

**PLEASE COMPLETE EACH SECTION FULLY**

**REFERRAL WILL BE RETURNED IF INCOMPLETE**

Consent must be obtained from the client before a referral can be sent to the Ferns

Has consent been given by victim **Yes**

**No**  Please contact The Ferns 01473 668974 before completing this referral

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| **Name of referrer:**  **Contact details of referrer:** |
| **Reason for referring?** |
| **Date reported/disclosed to referrer?** |
| **Has the client previously attended or been referred to The Ferns? YES NO** |
| **Why have you decided not to report to the Police at this time?** |
| **Investigation/Case number:** |
| **Date of assault:**  **Age at first assault:**  **Brief details of offence:** |

**Clients Details**

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| --- | --- | --- | --- |
| **First name:**  **Title:** | **Surname:** | | **Previous Surnames:** |
| **DOB: Age:** | **Partnership Status:**  Married **/** Partner / Single **/** Separated **/** Divorced **/** Widowed **/**  In a relationship with perp | | **Gender:** |
| **Sexual Orientation:**  Bisexual **/** Gay Man **/** Gay Women  Heterosexual **/** Other: | | **Economic Status:**  Fulltime **/** Part-time **/** Unemployed  Jobseekers **/** Education **/** Retired **/** Sickness **/** Disability | |
| **Nationality:** | | **First Language:**  **Is an interpreter required/used:** Yes No | |
| **Address:**  **Postcode:**  **Is it safe to write to this address? Yes No** | | **Landline:**  **Mobile: Seized:** Yes No  **OK to call** Yes No  **OK to text** Yes No  **OK to leave a message** Yes No | |
| **Email address:** | | **Preferred method of contact:** | |
| **Preferred person to contact:** Self Parent Carer Social Worker Support Worker | | | |
| **In case of an emergency details:**  **Name:**  **Address:**  **Relationship:**  **Landline:**  **Mobile:** | | **GP details:**  **Name:**  **Address:**  **Landline:** | |
| **Details of other children regularly in the property:** | | | |
| **NAME** | **DATE OF BIRTH** | | **RELATIONSHIP** |
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| **Any disabilities or mobility issues:** | **Vulnerabilities: (Learning/mental health/sex worker/alcohol/drugs/self-harm)** | | **Medical priorities:**  **(Pregnant/medication)** |

**Ethnicity**

|  |  |
| --- | --- |
| White - British  White - Irish  Any other White Background  Mixed White and Black Caribbean  Mixed White and Black African  Mixed White and Asian  Any Other Mixed Background    Asian or Asian British Indian  Asian or Asian British Pakistani  Asian or Asian Bangladeshi  Any Other Asian Background | Black or Black British Caribbean  Black or Black British African  Any Other Black Background    Chinese  Any Other Ethnic Background  Not Stated |

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| --- | --- |
| **Do you have any issues with reading or writing:**  Yes No Unknown | **Is this domestic related:** Yes No  **Has a DASH been completed:** Yes No  **If Yes what score:** |
| **Is this a Hate Crime:**  Yes No Unknown | **Has a Safeguarding / Vulnerable Adult / PVP MASH Referral been submitted?**  Yes No |
| **Another other relevant information:** | |
| **Name of Offender:**  **Age/DOB:**  **How does victim know offender?**  **Location of offence:** | |

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| --- | --- | --- | --- | --- |
| **Would you be willing for The Ferns to give anonymous intelligence to police?** YES NO  **(If no police involvement)** | | | | |
| **Are you working with any other agencies?** | YES (details below) | NO | | |
| **NAME** | **AGENCY** | **CONTACT DETAILS** | | |
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| **Are you happy for The Ferns to discuss your case with the relevant GUM clinic if required?** | | | YES | NO |
| **In order for us to fully support you we need to talk to any other professional that is working with you. Are you happy for us to contact them?** | | | YES | NO |

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| **Any relevant information or details we need to know** (ie risk, concerns, best contact times) |

Please return this completed form to [contact@theferns-suffolk.org.uk](mailto:contact@theferns-suffolk.org.uk). If you are police please use the SARC email from the internal address list. Your application will be assessed to ensure it meets The Ferns criteria but if it fails, we will return it to you.

Providing the triage is successful your referral will be processed and allocated to the appropriate ISVA. Please be aware that due to ISVA case loads there may be a waiting list in operation. Please therefore continue to support your client until contact is made by the ISVA.