**The Ferns/ISVA Referral Form**

**PLEASE COMPLETE EACH SECTION FULLY**

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

|  |
| --- |
| **Name of referrer:****Contact details of referrer:** |
| **Reason for referring?** |
| **Date 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:** |
| **Brief details of offence:** |

**Clients Details**

|  |  |  |
| --- | --- | --- |
| **First name:****Title:** | **Surname:** | **Previous Surnames:** |
| **DOB: Age:** | **Partnership Status:**Married **/** Single **/** Cohabiting **/** Separated **/** Divorced **/** Widowed **/** In a relationship with perp | **Gender:** |
| **Sexual Orientation:** Bisexual **/** Gay Man **/** Gay WomenHeterosexual **/** Other: | **Economic Status:** Fulltime **/** Part-time **/** UnemployedJobseekers **/** 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** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Any disabilities or mobility issues:** | **Vulnerabilities: (Learning/mental health/sex worker/alcohol/drugs/self-harm)** | **Medical priorities:****(Pregnant/medication)** |

**Ethnicity**

|  |  |
| --- | --- |
| **Asian or British Asian (A)** Indian A1 Pakistani A2 Bangladeshi A3 Any other Asian background A9**Black or Black British (B)** Caribbean B1 African B2 Any other Black background B9**Chinese or Other Ethnic Group (O)** Chinese O1 Any other ethnic group O9 | **Mixed (M)** White and Black Caribbean M1 White and Black African M2 White and Asian M3 Any other mixed background M9**White (W)** British W1 Irish W2 Any other White background W9 Not Known Not Stated |

|  |  |
| --- | --- |
| **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 Referral been submitted?** Yes No  |
| **Another other relevant information:** |
| **Name of Offender:** **Age/DOB:****Offenders ethnicity:****Relationship to you:****Location of offence:** |

|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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 |

|  |
| --- |
| **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. If you are police please use the SARC email from the internal address list. Your application with 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.