Please complete all sections of this referral from and return to **helpline@crasac.org.uk**

**Please note that data you send back is not encrypted**

|  |  |
| --- | --- |
| To which service would you like to refer? (delete as appropriate)  | ISVA / Counselling |
|  |
| Section 1 - Client Details |
| Client name |  | Date of referral |  |
| Date of birth |  | Current age |  |
| Address and postcode |  | Is it safe to write to this address? | Yes / No |
| Client email |  | Is it safe to send email to this address? | Yes / No |
| Client mobile number |  | Is it safe to **phone** this number? | Yes / No |
| Is it safe to leave **messages** on this number? | Yes / No |
| Is it safe to **text** this number? | Yes / No |
| State the client’s preferred method of contact |  |
| Is the client safe? | Yes / No | If no, why? |  |
| Is there a known CSE risk?  | Yes / No | If yes, give details |  |
| Sex/Gender |  | Sexuality |  |
| Ethnicity |  | Marital Status |  |
| Religion |  | Disability? | Yes / No |
| Disability details |  |
| Other known professionals: list name and contact details (if known) |  |
| Additional needs (e.g. mental health, health, access, language) |  |
| Language of interpreter (if required) |  |
| GP Details |  |
|  |
| Section 2 – Emergency Contact Details  |
| Name |  | Relationship to the client |  |
| Contact details: |  | Are they aware of CRASAC? | Yes / No |
|  |
| Section 3 - Referrer Details |
| Name of referrer |  | Organisation  |  |
| Contact details |  |
| Has the client given their permission for the referral to CRASAC and for CRASAC to make direct contact with them? **If not why?** |  |
| Has the client given their permission for CRASAC to input their data on our system? **If not why?** |  |
|  |
| Section 4 – Background Information |
| What is the reason for the referral? |  |
| What was the date of the incident (if known)? |  | If date is not known, approximately how recent? |  |
| Perpetrator’s name (if known): |  | Client’s approximate ageat time of incident |  |
| Investigating officer’s name and contact details (if known)  |  | Crime number (if known) |  |

Office Use Only:

|  |  |  |
| --- | --- | --- |
| Counselling Assessment Details | Counsellor Name: |  |
| Assessment date: |  | Assessment Time: |  | Booked by: |  |