Please complete all sections of this referral from and return to [**helpline@crasac.org.uk**](mailto: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: |  |