VFESS Referral Form

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| **Section 1: Referral Information:** | | | |
| **Date of Referral:**  **I am:**  Person requiring support (go to section 3)  Family member/Friend  Agency/Professional (complete details below)  **If agency/professional**:  Job Title (for police rank/ shoulder number):  Organisation  Name of referrer:  Contact Number(s):  Email:  Relationship to person requiring support:  **PLEASE TICK HERE TO CONFIRM FOR DOMESTIC ABUSE CASES DASH ATTACHED ☐**  **DASH SCORE STANDARD MEDIUM HIGH**  **PLEASE TICK HERE IF THIS REFERRAL IS SPECIFICALLY FOR RESTORATIVE JUSTICE** | | | |
| **Section 2 – Consent of Person requiring Support (must been completed if NOT a Self-Referral)** | | | |
| Confirmation consent has been gained (consent MUST be obtained before continuing)  Please tick | | | |
| **Section 3: Details of Person Requiring Support** | | | |
| **Title:** | | **Date of Birth:** | |
| **First Name:** | | **Surname:** | |
| **Gender:**   Male  Female  Non-Binary Transgender  Not Stated | | | |
| **Address & Postcode:** | | **Mobile No**:  **Home No:**  **Work No:**  **Email:** | |
| **Preferred/Safe method of contact:**  Mobile – call Mobile – text  Home Phone  Work phone Email  Letter  **Preferred time:**  Mornings  Afternoons  Evenings  Is it safe to leave a message? **(Y/N)**  Any specific safety measures to put in place (e.g., don’t say where calling from, others in household not aware etc): | | | |
| **Ethnicity:**    White  Mixed/Multiple Ethnic Group Black/African/Caribbean/Black British  Asian/Asian British  Other Ethnic Group  Not Stated  **First Language**: **Nationality:**  **Special Requirements:**  Interpreter Visual/Hearing Requirements Female Worker Only Male worker only  Please give details:  **Vulnerabilities**:  Please provide details: | | | |
| **Section 4: Incident Leading to Referral** | | | |
| Please provide brief details of the incident leading to this referral for support (e.g. Crime Type, History of Domestic Abuse, Details of any Injuries etc).  **Please also include Crime Reference if known.** | | | |
| **Section 5: Any other agencies involved?** *(please list all workers/agencies that are currently linked with the individual. By providing their details you are confirming they are aware someone from Victims First Specialist Service may contact them). Please ensure a contact number or email address are included for anyone mentioned below.* | | | |
| Name Agency: | Name of individual at Agency: | | Contact details for individual/agency (telephone number & or email address) |
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| **Other Information (If applicable)** | |
| **Has this offence been reported to the police?** | Yes/No:  Date reported: |
| **Has this been to court?** | Yes/No:  Court date: |
| **Has the offender been convicted?** | Yes/No:  Court date: |
| **Has the offender been sentenced?** | Yes/No:  Court date:  Court name:  Length of Sentence: |

Please forward the completed form to