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):OrganisationName 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 [ ]  EveningsIs 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