

Name



## LSE x Rape Crisis South London ISVA Service Referral Form

Please complete this form and email to <u>LSE.ISVA@rapecrisissouthlondon.org</u> a referral is received, we will aim to process this and make contact within 3 working days.

## **DATA PROTECTION STATEMENT**

The information gathered and included in this Referral Form is confidential to Rape Crisis South London (Previousely known as RASASC) and will be kept on file. This information will only be shared on a need to know basis and will only be disclosed to third parties without consent if there is a significant risk of harm to a child or an adult, or if RASASC is compelled by a Court of Law to do so.

Please prioritise filling out the 'Service User Details', the ISVA can assist you to fill out the other parts of the form at a later date if you are feeling unsure or would like some help.

Referrer Details (if applicable):

Role

Service User Details:									
Date:									
Full Name:	Вог	Borough:							
Any other Names:									
Date of Birth (DD / MM / YYYY):	Ago	Age:							
Address:	ls i	Is it safe to send mail?		Yes	No				
	Is it	Is it safe to call/ text?		Yes	No				
Local Authority:		Does the perpetrator lives at this address:		Yes	No				
Telephone No:	Is V	Is Whatsapp contact preferred?		Yes	No				
Email:	Is it	Is it safe to email?		Yes	No				
Preferred method/ time of contact:	cor	For professional referrals: Has consent been obtained for this referral?		Yes	No				
Next of Kin: (who can we contact in an emergency?)	Re	Relationship with Next of Kin:							
	Accessibilty	Needs							
Does this client have any accessibility requirements (for example, hearing loop, braille documents, interpreter)									
Yes No									
If Yes, please specify:									
Monitoring Information (Optional)									

Student or Staff Member:				Ethnicity:					
Nationality:				Religion/Faith:					
Disability:				Sexual Orientation:					
Gender:				Relationship Status:					
Are you pregnant?				Do you have any children living with you:					
Any support needs/ Vulnerabilities									
Mental health:	Yes	No		Substance Misuse:	Yes	No			
Physical Health:	Yes	No		Offending:		No			
Information about sexual violence / abuse experienced: (please share as much information as you are able/comfortable to share)									
Type of incident:									
Has the suspect/s been Yes No identified?		No	What is the suspect/s relationship to you/ the survivor?						
Has this incident been reported?		Yes	No	If reported, who has this been reported to? (eg. Police/LSE)					
Date (DD / MM / YYYY) re police (if applicable):	to		Who reported the incident? (if applicable):						
Has the suspect/s been charged?			No						
When did the incident occ (DD / MM / YYYY)									
What stage is the case at currently? (if applicable):									
Brief o	descrip	otion of incide	nt / any ad	ditional incidents / issues to	be aware	of:			
Signature:									