



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):							
Name		Role					
Service User Details:							
Date:							
Full Name:			Borough:				
Any other Names:							
Date of Birth (DD / MM / YYYY):			Age:				
Address:			Is it safe to send mail?		Yes	No	
			Is it safe to call/ text?		Yes	No	
Local Authority:			Does the perpetrator lives at this address:		Yes	No	
Telephone No:			Is Whatsapp contact preferred?		Yes	No	
Email:			Is it safe to email?		Yes	No	
Preferred method/ time of contact:			For professional referrals: Has consent been obtained for this referral?		Yes	No	
Next of Kin: (who can we contact in an emergency?)		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:	Yes	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 identified?	Yes	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) reported to police (if applicable):			Who reported the incident? (if applicable):		
Has the suspect/s been charged? (if applicable):	Yes	No			
When did the incident occur? (DD / MM / YYYY)					
What stage is the case at currently? (if applicable):					

Brief description of incident / any additional incidents / issues to be aware of:

Signature: