

LSE x Rape Crisis South London ISVA Service Referral Form

Please complete this form and email to LSE.ISVA@rapecrisisouthlondon.org 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 (Previously 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
<p>Does this client have any accessibility requirements (for example, hearing loop, braille documents, interpreter)</p> <p>Yes No</p> <p>If Yes, please specify:</p>

Monitoring Information (Optional)

