|  |  |
| --- | --- |
| Date: |  |
| Referrer Name: |  |
| Referring Agency: |  |
| Referring Agency Address: |  |
|  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |
| In which capacity do you know this person: |  |

**I would like to refer the following person for support at SARSAS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  | | | |
| Gender |  | | Trans | Yes |
| DOB & Age | DOB |  | Age |  |
| Ethnicity |  | | | |
| Full address including. Postcode |  | | | |
| Telephone (landline) |  | | | |
| Telephone (mobile) |  | | | |
| Email Address |  | | | |
| Is it safe to leave a voicemail message? | Yes  No | | | |
| Is it safe to text message? | Yes  No | | | |
| Is it safe to email? | Yes  No | | | |
| Is it safe to post information to their home address? | Yes  No | | | |
| Preferred method of communication for Admin |  | | | |
| Do you have informed consent for this referral? | Yes  No  Consent must be obtained | | | |
| Would you like SARSAS to update you if we are unable to make contact with the client? | Yes  No  This will usually be by email | | | |

**Reason for referral to SARSAS:** *Please indicate with an ‘x’ in each applicable box*

**Please do NOT give us any specific Sexual Violence details.**

Recent sexual violence (<12 months ago) Non-recent sexual violence (>12 months ago)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Childhood sexual abuse (<18) |  | Domestic Violence & Abuse | | | | |
|  | Child or Young Person sexual exploitation |  | Adult sexual exploitation | | | | |
|  | Recent adult sexual assault |  | Historic adult sexual assault | | | | |
|  | Recent adult rape |  | Historic adult rape | | | | |
|  | Not disclosed |  | Multiple Assaults | | | | |
| Is client at risk of further sexual violence? | |  | Yes |  | No |  | Unknown |

|  |  |
| --- | --- |
| Relationship to perpetrator/s: |  |

**Other support:**

Has the client been referred to or currently accessing support from other agencies?

*Please indicate with an ‘x’ in each applicable box*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Currently in counselling | or | Has had counselling in the past |  |
|  | Referred to addiction support services | or | In service with addiction support services |  |
|  | Referred to mental health services | or | In service with mental health services |  |
|  | Referred to domestic abuse services | or | In service with domestic abuse services |  |
|  | Referred to ISVA service | or | Has an ISVA |  |
|  | Reported to police | or | Wants to report to the police |  |

**Please provide any details of services from above including contact details:**

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you aware of any health conditions, disabilities or access needs?**   |  | | --- | | Learning Disability (specify below)  Autistic Spectrum Disorder  Specific learning disability (SpLD) (e.g dyslexia, dyspraxia)  Physical disability  Mental Health condition  Sensory loss impairment  Long term health condition  Other (specify below)  Interpreter required – Language:  *Please provide details of health condition / disability as well as any adjustments, access or support needs:* | |  | |  | |

**Safeguarding:** Referrals may not be accepted if this section is incomplete

|  |  |
| --- | --- |
| I confirm that all appropriate safeguarding actions have been taken in relation to this referral.  Referral completed  Not applicable | |
| Safeguarding referral made to: |  |
| Date safeguarding referral made: |  |
| Any known outcomes: |  |
| Named safeguarding contact: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the client pose any risk to professionals or others?  *Please give details or mark N/A* |  | N/A |  |

|  |  |  |
| --- | --- | --- |
| Name |  | (Referring representative) |
| Signed |  | (Referring representative) |
| Date |  |  |

Once the referral has been processed, we will arrange for our helpline team to call the service user and introduce our services.

**Please inform your client that our number shows as withheld.**

*If for any reason we are unable to speak to the service user, we will send a letter/email inviting them to get in touch directly if they would like support*

*Please note that SARSAS services are limited and there are waiting lists for all of our services.*

To keep all **information confidential** you should send this referral via the following methods:

**Post:** SARSAS, P.O Box 2942, Bristol, BS1 9EU  
  
**Secure Email:** *You must have your own secure email account for us to receive email to these accounts.*

CJSM users:[office.admin@sarsas.cjsm.net](mailto:office.admin@sarsas.cjsm.net)  (you must send from your CJSM account)

Egress Switch users: [info@sarsas.org.uk](mailto:info@sarsas.org.uk) (you must send from your Egress Switch account)

*Before attaching, please name file using ‘Service user initials - referring agency’*

*Please note that if there is information missing the referral may not be accepted and will be returned to be completed in full.*

**SARSAS Privacy Notice**

Somerset and Avon Rape and Sexual Abuse Support (SARSAS) takes your privacy very seriously.  It is the very ethos of the organisation and a fundamental part of creating trust between service users and staff/volunteers. All members of staff, volunteers and trustees must maintain strict confidentiality regarding any information about anyone connected to SARSAS.

**Information we collect from you**

If you use the helpline, you will not be required to provide any details about yourself. If you use other services, SARSAS will only hold minimal information in order to contact you, for example, to cancel an appointment. From time-to-time, SARSAS will check that the information is up-to-date.

Notes of counselling sessions are held to facilitate the process, only essential details will be recorded and they will be stored securely. Any information used for statistical or reporting purposes will be completely anonymised.

**Sharing information with third parties**

No information will be shared with a third party outside SARSAS without written consent from the relevant person (except when a child or adult is at risk of harm or there is a court order or other legal requirement to share).

**Your rights to access, update or delete your information**

You can request to access the information held on you, amend it if there are inaccuracies or, if it is not a legal requirement to keep it, ask to have it deleted. For full details on how to access your data see our Privacy and Data Protection Policy see the SARSAS website.

**Security and data retention**

We will keep your information safe from unauthorised access, unlawful processing, accidental loss, destruction or damage. We will retain your information for 7 years or as required following a case-by-case review. It will then be safely destroyed.

**Feedback or concerns**

We welcome feedback on how we are performing - contact our Data Protection Champion by email at: [info@sarsas.org.uk](mailto:info@sarsas.org.uk) or in writing at PO Box 2942, Bristol BS1 9EU: give your correspondence a heading: Data Protection Feedback or, if you feel we are not processing your information fairly and lawfully, you can report a concern to the Information Commissioners Office. <https://ico.org.uk/concerns/>