**GRASAC - ISVA REFERRAL FORM FOR ADULTS**

When completed please email to [ISVAreferral@glosrasac.org.uk](mailto:ISVAreferral@glosrasac.org.uk)

We recommend sending this via Egress.

**ALL BOXES ARE MANDATORY - REFERRALS MAY NOT BE ACCEPTED IF ANY AREA IS INCOMPLETE AND CONSENT IS NOT GAINED.**

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| Date |  | Is the client already known to GRASAC | Yes  No  Not Known |
| **Have you obtained consent from the client to make this referral?**  **If NO the referral will be rejected.** | | | Yes  No |
| **Has the GRASAC confidentiality statement below been explained to client? If NO the referral will be rejected.** | | | Yes  No |
| **GRASAC confidentiality statement:**  **The information shared with GRASAC is confidential and will only be shared within the organisation where relevant.**  ***We will only break confidentiality if: -***   * ***The client requests us to.*** * ***If you’ve given us identifying information and we are concerned for the client’s safety.*** * ***If the client is a child at risk, or they are giving us identifying information about a child at risk.*** | | | |

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| **REFERRER DETAILS** | | |
| Referrer name, organisation & role |  | |
| Referrer contact number |  | |
| Referrer email address |  | |
| Police Investigation ongoing? | Yes  No  **IF NO – please contact the office as this referral may not be suitable for the ISVA service.** | |
| Crime Reference No. |  | |
| Would you like to be informed of any outcomes of support? | | Yes  No |

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| **CLIENT DETAILS** | | | |
| Name |  | | |
| DOB |  | Age |  |
| How would the client describe their gender? |  | Does the client identify with the sex/gender they were assigned at birth? | Yes  No  Unsure |
| How would the client describe their ethnicity? |  |
| Contact number |  | Safe to leave message? | Yes  No |
| Safe to text? | Yes  No |
| Email address |  | Safe to email? | Yes  No |
| Postal address |  | Safe to post | Yes  No |
| Emergency contact: Name, number & relationship to client |  | | |

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| **REASON FOR REFERRAL** | | | |
| Suspects name  (If known) |  | Relationship to suspect |  |
| Main factual information: | | | |
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| **ADDITIONAL INFORMATION** | | | | | |
| Does the client have any current or historical Criminal Convictions? | Yes  No | Further details | |  | |
| Does the client have any mental health issues? Please include any current or historical self-injury? | Yes  No | Further details | |  | |
| Does the client have any current or historical alcohol or drug dependency? | Yes  No | Further details | |  | |
| Does the client have any Neurodivergent Conditions? | Yes  No | Further details | |  | |
| Does the client have any learning difficulties?  (e.g., Dyslexia, Dyspraxia, Dyscalculia) | Yes  No | Further details | |  | |
| Does the client have any physical health conditions / disabilities? | Yes  No | Further details | |  | |
| Does the client have any sensory impairment? | Yes  No | Further details | |  | |
| Is an interpreter required? | Yes  No | Language required:  (Please include the details of any professional involved, who could support with the referral) | |  | |
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| **SAFEGUARDING – REFERRALS MAY NOT BE ACCEPTED IF THIS SECTION IS INCOMPLETE** | | | | | |
| Has a safeguarding referral been made regarding this case? | | | Yes  No | | |
| If yes, please provide details of the safeguarding concerns | | |  | | |
| Safeguarding referral made to | | |  | Date safeguarding referral made |  |
| Please provide details of any other actions taken regarding this case | | |  | | |
| Please provide details of any next steps planned regarding this case | | |  | | |