**GRASAC - ISVA REFERRAL FORM FOR CHILDREN (UNDER 18)**

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.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.*** | | | |

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLIENT DETAILS** | | | |
| Clients 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 |  | | |
| Name of child’s nursery/ school/ college: |  | | |
| Name of social worker and contact details: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/ CARER DETAILS** | | | |
| Is Parent/ Carer aware of this referral? | Yes  No | *If* ***NO****, please detail why:* |  |
| Parent/ Carer Names |  | | |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADDITIONAL INFORMATION** | | | | |
| What other support is currently in place? (mental health services, youth club etc.) | |  | | |
| Is the client at risk of CSE? (child sexual exploitation) | Yes  No | Further details |  | |
| 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) |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **REASON FOR REFERRAL** | | | | | Suspects name  (If known) |  | Relationship to suspect |  | | Main factual information: | | | | |  | | | | | | | | |
| **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 | |  | | |