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| **Criteria for referral:*** **Victim of rape or serious sexual assault – (attempted rape, penetrative sexual assault)**
* **Aged 22 years old or above**
* **Consent provided**
* **Lives in Norfolk**

**If unsure if it is appropriate to refer your client, please call us on 01603 276381 to discuss.** |
| **Referrer’s details**  |
| **Name:**  |   | **Job Title:** |  |
| **Organisation:** |  | **Date of referral:** |  |
| **Telephone:** |  | **Email:** |  |
| **Has consent been received from the client for this referral**: Yes [ ]  No[ ] *(If no or left blank the form will be returned to the sender)* |
| **Does the client meet the criteria as detailed above:** Yes[ ] No [ ] *(If no or left blank the form will be returned to the sender)* |
| **Client details**  |
| **Full Name:** |  |
| **Date of Birth:**  |  | **Age:** |  |
| **Gender:** | [ ] Man | [ ] Trans Man  | [ ] Women  | [ ] Trans Women  | [ ]  Non-binary  | [ ] Gender Fluid  | [ ] Intersex  | [ ] Questioning  | [ ]  Other please state  |
| **Preferred Pronoun:** | [ ]  He / Him  | [ ]  She/ Her  | [ ] They / Them  | [ ]  Other please state  |
| **First Language:** |   | **Interpreter needed**  | Yes [ ]  No [ ]  |
| **Address** |  | **Contact Number** |  |
| **Email address**  |  |
| **Safe to:** | [ ]  Call | [ ]  Text | [ ]  Leave voicemail | [ ]  Email | [ ]  Write to the address |
| **Children living in the home address:** | Yes[ ] No[ ]  | Names: | DOB: |
| **Details of others living at the address:** |  |
| **Reason for referral** |
| Please provide a brief description of the clients support needs: |
| **Safeguarding & risks** |
| **Relationship of the****client to the suspect:** |   |
| **Domestic Abuse****Does the client live** **with the suspect:** | Yes [ ]  No [ ] Yes [ ]  No [ ]  | **DASH /DARA****Completed****DASH Score** | Yes [ ]  No [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Safeguarding Concerns** |  | **Safeguarding****actions** **completed** | Date completed: |
| **Any concerns for lone** **working** | Yes [ ]  No [ ]  | **Details of** **concerns** |  |
| **Self-Harm** |  Current [ ]  | Previous [ ]  | N/A [ ]  |
| **Suicidal** |  Current [ ]  | Previous [ ]  | N/A [ ]  |
| **Offence Details if known** |
| Brief details of the offence: | Date of the offence: |
| **Has the incident been reported to the police?**  | Yes [ ]  No [ ]  Unknown [ ]   |
| **Crime Ref No:** | **OIC details:** | **Suspect arrested:**Yes [ ]  No [ ]  N/A [ ]  | **Suspect Charged:**Yes [ ]  No [ ]  N/A [ ]  |
| **Bail Conditions:** |  |
| **Suspect Name:** |  | **Date of Birth:** |  |

**Please email your completed form to The Harbour Centre secure email address -** **SARC@norfolk.pnn.police.uk**

**Or call 01603 276381 for the full postal address.**