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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:** YesNo  *(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:** | | | | | YesNo | | | | 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**](mailto:SARC@norfolk.pnn.police.uk)

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