

LSE x Rape Crisis South London ISVA Service Referral Form

Please complete this form and email to LSE.ISVA@rasasc.org.uk. Once a referral is received, we will aim to process this and make contact within 3 working days.

DATA PROTECTION STATEMENT

The information gathered and included in this Referral Form is confidential to Rape Crisis South London (RASASC) and will be kept on file. This information will only be shared on a need to know basis and will only be disclosed to third parties without consent if there is a significant risk of harm to a child or an adult, or if RASASC is compelled by a Court of Law to do so.

Please prioritise filling out the 'Service User Details', the ISVA can assist you to fill out the other parts of the form at a later date if you are feeling unsure or would like some help.

Service User Details:			
Date:			
Full Name:		Borough:	
Date of Birth: (DD / MM / YYYY)		Age:	
Address:		Is it safe to send mail?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Is it safe to call?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone No:		Is Whatsapp contact preferred?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		Is it safe to email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred method/ time of contact:		For professional referrals: Has consent been obtained for this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Referrer Details (if applicable):			
Name		Role	

Information about sexual violence / abuse experienced: <i>(please share as much information as you are able/comfortable to share)</i>			
Type of incident:			
Has the suspect/s been identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the suspect/s relationship to you/ the survivor?	
Has this incident been reported?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If reported, who has this been reported to? (eg. Police/LSE)	
Date reported to police (if applicable): (DD / MM / YYYY)		Who reported the incident? (if applicable):	
Has the suspect/s been charged? (if applicable):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
When did the incident/s occur? (DD / MM / YYYY)			
What stage is the case at currently? (if applicable):			

Brief description of incident / any additional incidents / issues to be aware of:

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Signature:

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