

Support Referral Form (v81024)

Office Use: URN

Please note: We Are Survivors cannot accept incomplete referral forms. As a confidential service, we will only provide confirmation of receipt of referral until consent to share information is confirmed.

Referral Type: Self Prof Route: Email Tel Post Date:

Where did you hear about us?

Please confirm that the individual being referred consents to us holding this confidential data? Y N

Do you require an Interpreter? Y N If so, what language is required?

Contact Details

Full Name: DOB:

Do you currently have a fixed address? If no, please proceed to contact details (Email, Mobile) Y N

Address:

City: Postcode:

Email: Mobile:

Please indicate agreed method(s) of contact:

Post	Email	Text	WhatsApp	Tel	Voicemail
------	-------	------	----------	-----	-----------

GP Name	Practice / Surgery	Tel

Diversity and Inclusion

To ensure we meet the needs of all those wanting our service, we monitor the diversity and uniqueness of all

Gender: M F T Non-Binary Is your current ID the gender you were assigned at birth? Y N D

Preferred Pronouns: Are you a person seeking asylum/who has refugee status?

Ethnicity: Sexuality: Religion:

Do you consider yourself to have a disability? Y N Comment:

Marital Status: Parental Status: N Pregnant Y (not live with) Y (some live with) Y (all live with)

Employment Status:

Do you have specific support needs? Y N Comment:

Have you been in the British Armed Forces? Y N Is this referral related to your Military service? Y N

Health & Wellbeing

Do you have a long-term physical health condition (e.g., Heart Condition, COPD, Epilepsy, etc)? Y N

If yes, please state:

Do you consider yourself to be a neurodiverse individual (e.g., Autism, OCD, ADHD)?

Y	N
---	---

If yes, please give brief outline below:

--

Do you have a mental health diagnosis (e.g., Depression, Anxiety, Personality Disorder, PTSD)?

Y	N
---	---

If yes, please give brief outline below:

--

Are you currently being prescribed any medication that would be useful for us to know about?

Y	N
---	---

If yes, please give brief outline below:

--

Have you accessed now or previously any other mental health service in the UK?

Y	N
---	---

Service Name	Support Provided	Start Date	End Date

Are there are any risk factors that we would need to understand to better support you now?

Y	N
---	---

If yes, please give brief outline below:

--

Suicide Risk:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

 Self-Harm Risk:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Have you now or previously used drugs (illicit or not) or alcohol (or both)?

Y	N
---	---

Have you ever engaged in the use of drugs as part of a sexual experience?

Y	N
---	---

Did you experience unwanted sexual attention as part of the sexual experience?

Y	N
---	---

Have you now or previously been supported or in-treatment with a Drug & Alcohol Service?

Y	N
---	---

If yes to above, please give brief outline below:

--

Have you ever engaged in sex work including online, content creation, porn?

Y	N
---	---

Do you provide adult content now for primary work or a sideline? (share: www.nationaluglymugs.org)

Y	N
---	---

Criminal Justice Engagement

It is important that we understand any engagement in the criminal justice system you have, to ensure we can support you in the best possible way and ensure that we do not compromise any investigation or defence.

Have you ever served a custodial sentence, been on remand or currently under investigation?

Y	N
---	---

If yes, please comment below:

Are you part of the governments early release scheme (SDS40)?

Y N

Are you currently under the supervision of National Probation Service or Offender Management?

Y N

Probation Officer	Office Location	Tel

Survivor Referral Information

We recognise that it is often difficult for people talking about abuse, particularly when reaching out for help. It is not our intention to cause you distress, we just need to gather a brief overview of the reason you are referring to our service in order for us to provide you with the best support we can.

When was the offence committed against you:

In past 12 months

Over 12 months ago

What was the offence type:

Child Sexual Exploitation (under 16)

Child Sex Abuse (under 16)

Rape (aged 16+)

Serious Sexual Offence (aged 16+)

Sexual Exploitation (incl online)

Age at the time of the offence:

Under 13

13 - 16

16 - 19

20 - 29

30 - 39

40 - 49

50 - 59

60+

What was the gender of the perpetrator(s):

M

F

Couple M/F

Couple M/M

Couple F/F

Unknown

What was the connection to the perpetrator:

Stranger

Brief Contact

Known Associate

Family Member (inc immediate and extended family)

Partner (Spouse, B/F, G/F)

Ex-Partner

In order for us to better understand the reason for your referral, please give brief outline in the box below

Please note: We do not require intimate details, just a brief summary

We do not require anyone to have made a disclosure to the Police or authorities to receive support, but we do need to know if there has been or is any investigation to ensure we put the relevant safeguards in place.

Have the Police ever been or now involved in an investigation into the reason for this referral?

Y N

If yes and a current investigation is open, please provide us with the details of the Investigating Officer below:

Named Officer	Location	Tel

Did you ever attend a Sexual Assault Referral Centre for an examination regarding this referral?

Y N

Please Note: If there has been any involvement (past or present) with the police with regards to this referral, immediate support will be provided from our Independent Sexual Violence Advisor Service. An ISVA will assess support needs and perform any internal referral(s) to our Community Therapeutic Support Services if appropriate or requested.

Additional Comments:

--

Please return all **completed** referral forms to:

- **Email:** support@wearesurvivors.org.uk
- **Email:** support.services@wearesurvivors.cjsm.net (if email address contains [.cjsm](#) [.gov](#) [.gsi](#) [.gsx](#) or [.pnn](#))
- **Post:** Unit 9 Brewery Yard, Deva City Office Park, Trinity Way, Salford, M3 7BB
- **Telephone:** 0161 236 2182 and the referral will be taken over the phone

Upon receipt, the referral will be processed, and we intend to contact the individual within 3 working days and aim to provide an assessment within 10 – 14 working days after.

Name of Sender:	Tel of Sender:
Organisation:	

WAS Received By:	Date Received:
WAS Date on VIEWS:	