VFSS Referral Form

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| **Section 1: Referral Information:** | | | |
| **Date of Referral:**  **I am:**  Person requiring support (go to section 3)  Family member/Friend Agency/Professional (complete details below)  Name:  Contact Number(s):  Email:  Relationship to person requiring support:  **If agency/professional**:  Job Title:  Organisation: | | | |
| **Section 2 – Consent of Person requiring Support (must been completed if NOT a Self-Referral)** | | | |
| Confirmation consent has been gained (consent MUST be obtained before continuing)  Please tick | | | |
| **Section 3: Details of Person Requiring Support** | | | |
| **Title:** | | **Date of Birth:** | |
| **First Name:** | | **Surname:** | |
| **Gender:**  Male Female Non-Binary Transgender Not Stated | | | |
| **Address & Postcode:** | | **Mobile No**:  **Home No:**  **Work No:**  **Email:** | |
| **Preferred/Safe method of contact:**  Mobile – call Mobile – text Home Phone Work phone Email Letter  **Preferred time:**  Mornings Afternoons Evenings  Is it safe to leave a message? **(Y/N)**  Any specific safety measures to put in place (e.g., don’t say where calling from, others in household not aware etc): | | | |
| **Ethnicity:**    White Mixed/Multiple Ethnic Group Black/African/Caribbean/Black British  Asian/Asian British Other Ethnic Group Not Stated  **First Language**: **Nationality:**  **Special Requirements:**  ☐ Interpreter ☐ Visual/Hearing Requirements ☐ Female Worker Only ☐ Male worker only  Please give details:  **Vulnerabilities**:  Please provide details: | | | |
| **Section 4: Incident Leading to Referral** | | | |
| Please provide brief details of the incident leading to this referral for support (e.g. Crime Type, History of Domestic Abuse, Details of any Injuries etc).  **Please also include Crime Reference if known.** | | | |
| **Section 5: Any other agencies involved?** *(please list all workers/agencies that are currently linked with the individual. By providing their details you are confirming they are aware someone from Victims First Specialist Service may contact them). Please ensure a contact number or email address are included for anyone mentioned below.* | | | |
| Name Agency: | Name of individual at Agency: | | Contact details for individual/agency (telephone number & or email address) |
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Please forward the completed form to [**enquiries.vfss@thamesvalleypartnership.cjsm.net**](mailto:enquiries.vfss@thamesvalleypartnership.cjsm.net) (agencies with government secure email) or [**enquiriesvfss@thamesvalleypartnership.org.uk**](mailto:enquiriesvfss@thamesvalleypartnership.org.uk)(self-referral or other agencies. Please note this is not a secure email so please ensure forms are submitted securely). Alternatively, you can send the completed form Victims First Specialist Service, The Coach House, Manor Farm Courtyard, Aston Sandford, Bucks, HP17 8JB.

**Should you have any queries please contact our Office on 01844 487987 to discuss further.**

**Referral Form – Part 2**

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| **Offender Information (If applicable)** | |
| **Name of Offender(s)** |  |
| **Date of birth (if known)** |  |
| **Officer in the Case (if known)** |  |
| **OIC contact number/email (if known)** |  |
| **Offender Manager name (if known)** |  |
| **OM contact number/email (if known)** |  |
| **Has this offence been reported to the police?** | Yes/No:  Date reported: |
| **Has this been to court?** | Yes/No:  Court date: |
| **Has the offender been convicted?** | Yes/No:  Court date: |
| **Has the offender been sentenced?** | Yes/No:  Court date:  Court name:  Length of Sentence: |

Please note that victim and offender details will be stored separately and confidentially.