**Norfolk and Suffolk Victim Care Service**

**REFERRAL FORM**

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| **Has the client consented to following information being shared and referral to be made:**  **Yes / No**  (If not please gain consent before completing and submitting) |

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| **Personal Information of the Client being referred (please see additional section required for CYP referrals)** | | | |
| Name  Forename:  Surname: | DOB: | | Age: |
| Address  Postcode: | Contact info  Mobile: Is it safe to leave a voicemail Y/N  SMS Y/N  Landline: Is it safe to leave a voicemail Y/N  Best time to make contact if known: AM PM Anytime | | |
| Ethnicity: | Religion: | | |
| Sexual Identity: | Gender identity:  Is this the same as at birth? (please circle if known)  Yes No Prefer not to say | | |
| Language spoken:  1st -  2nd - | Disability/Additional Needs | | |
| **Support Needs:** Mental Health Illness, Self-harm, Suicide Ideation, literacy, etc. (please include any known details): | | | |
| **Type of referral:**  Crime type (Theft, Criminal damage, Burglary, Assault, Arson, Domestic Abuse, Sexual Violence, Hate Crime, etc.) | |  | |

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| **Reason for Referral**  *Please include information about the crime / incident that has been experienced/ witnessed and the impact. Please also include any specific behavioural issues/ requirements and/or what support is required.* |
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**If the referral is for a child or young person under 18yrs please fill out the below**

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| **Safe Carer (Parent/Guardian)** | |
| Name: | Relationship to Child: |
| Does safe carer have legal parental responsibility? Y/N  If no who does? | Address:  Contact details: |
| Date of Birth: | Ethnicity: |
| Language spoken: | Support Needs: (Physical Disabilities, Learning Difficulties, Mental Health Issues etc.) |

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| **Referrers Details:** | |
| Name: | Job Title: |
| Address: | Telephone Number: |
| Referrer Signature: | Date Completed: |

**Please return the completed form via secure email to** [nsvictimcare@victimsupport.cjsm.net](mailto:nsvictimcare@victimsupport.cjsm.net)or [nsvictimcare@victimsupport.org.uk](mailto:nsvictimcare@victimsupport.org.uk).

Please note that referral does not mean Norfolk and Suffolk Victim Care will automatically be able to provide support. We will contact service users where it is safe and appropriate for us to do so and if our services will suitable for their needs. Where it is deemed that NSVC is not able to provide support, we may signpost to other appropriate specialist agencies. For further information or for a case consultation, you can contact us on 0300 303 3706 or [nsvictimcare@victimsupport.org.uk](mailto:nsvictimcare@victimsupport.org.uk)