

Referral Form (2017-18 v1.1)



Survivors Manchester accepts referrals from individuals and agencies upon full completion of this form. **Incomplete forms will not be accepted and returned to the referring individual or agency for completion.** As a confidential service, we adhere to strict Data Governance processes and will only provide information on any referral, other than receipt, with prior consent from the individual being referred.

Office Use Only: SMCR URN

Referral Type Self Prof Via? Tel Email Fax Referral Date (DDMMYY)

Referral Source (Where did the person hear about us)

Contact Details

NHS No GP Surgery Name

Please confirm the individual consents for us to hold the confidential data being supplied Y N

Full Name D/O/B

Address

City Postcode

Mobile Email

Please all the ways you can be contacted Write Email Tel Text Voicemail

Diversity Indicators

To ensure that we continue to fully meet the needs of such a diverse client group, it is important that we are able to monitor all forms of diversity. Please let us know if you have any individual diversity requirements.

Gender M F T Is this the gender you were assigned at birth? Yes No Declined

Ethnicity Sexuality Religion

Do you consider yourself to have a physical disability? Yes No Declined Please state

Marital Status Parental Status Not a Parent Yes not live with Yes, some live with Yes, all live with

Do you have any specific support needs? Y N Please state e.g. communication

Armed Forces Indicator

Have you previously been a member of the British Armed Forces? Yes No (go to Referral Info section)

Are your difficulties directly related to your military service? Yes No (go to Referral Info section)

Please your Branch Army RAF Navy Reservist Service Number

Long Term Physical Health Indicator (e.g. Heart Condition, Epilepsy, COPD)

Do you have a long-term physical health condition/s? Yes No Declined to Answer

Please provide details:

Risk Indicator Information (e.g. recent self harm, suicide, medicine non-compliance)

Are there any risk indicators that you feel we need to know about? Yes No N/A
(e.g. suicidal thoughts / attempts, thoughts of or actual deliberate self harm)

Please state any details of risk:

Please score the following two scales out of 10 based on present time (10 = highly likely and 0 = not likely at all)

Suicide Risk Self Harm Risk

Clinical Referral Information

Are you referring into the clinical support services (Healing Steps, Trauma Focused Therapy, Groupwork) Y N

Have you accessed Survivors Manchester before? Y N If so what/when?

Do you have a mental health diagnosis, given recently or at any point in time by a GP, Psychiatrist, etc Y N

If yes, please provide details:

Have you previously accessed or are you currently accessing any other mental health service? Y N

If yes, please provide details below:

Service	Treatment Provided	Start Date	End Date

If you are currently accessing a service, please provide your workers details below:

Name Service Tel

Criminal Justice Support Referral Information

Are you referring into the Independent Sexual Violence Advisor Service (Support for court, Police Reporting) Y N

Are you currently receiving support from another Independent Sexual Violence Advisor Service? Y N

If the referral is for the Independent Sexual Violence Advisor service and the client also requires therapeutic support, this will be dealt with at ISVA assessment and an internal referral will be made if appropriate or if requested by the client. A full ISVA assessment will be undertaken to ensure clients receive a support package that meets their needs.

Please note: Survivors Manchester believes that making a formal complaint to the Police is entirely the choice of the individual and we do not encourage nor discourage anyone from this procedure.

Did you attend a Sexual Assault Referral Centre (SARC) about this referral reason Yes No N/A

Have the Police been involved in any kind of investigation relating to the reason for this referral Yes No

If yes, is there a current open investigation relating to the reason for this referral Yes No

If there is a current ongoing investigation, please provide contact details of the Officer in Charge (OIC) below:

Name Service Tel

Has Victim Support been in contact with you in relation to the reason for this referral? Yes No

Referral Information - Please provide a brief summary of the reason for this referral

Please complete offence information below. More than one box per item can be crossed if appropriate (please note: CSE = child sex exploitation, CSA= childhood sexual abuse).

When was the offence(s) committed? <12 months ago (Current) 13+ months (Non-Current)

Offence Type CSE under 16 CSA under 16 Rape (16+) Serious Sexual Offence (16+) Sexual Exploitation

Age at Time of Offence <13 years 13 – 16 years 16 – 19 years 20 – 29 years
 30 – 39 years 40 – 49 years 50 – 59 years 60+ years

What was the Gender of the Perpetrator Male Female Male and Female (couple)

What was the Relationship to the Perpetrator Stranger Known Associate: Peripheral Contact Known Associate
 Family Member Partner Ex-Partner

Common Survivor Impact Indicators

Do you feel you have, or have had, any issues with drugs (illicit or not), alcohol or both Yes No

If yes, please provide details of substance, frequency of use, etc:

Are you now or ever been engaged with any drug or alcohol treatment provider Yes No N/A

If yes, please provide details below:

Service	Treatment Provided	Start Date	End Date

If you are currently accessing a service, please provide your workers details below:

Name **Service** **Tel**

Have you been prescribed any mental health medication or anti-depressants Yes No N/A

If yes, please provide details of medication, dosage, etc:

It is extremely common for people wishing to access support from Survivors Manchester to have been engaged in the criminal justice process for a range of reasons, such as drug use, theft, ABH, etc.

To ensure that we are best meeting the needs of the individuals who are referred to us, we require information on past offences, which we understand may be difficult to disclose. We are not here to judge, the information is treated in the strictest of confidence and used to ascertain the level of support we can provide.

Have you ever served a custodial sentence, been on remand, or currently under investigation Yes No

If yes, please provide details below:

Offence	Conviction (Y/N)	Length of Sentence	Date Served
	Y / N / Pending		
	Y / N / Pending		
	Y / N / Pending		
	Y / N / Pending		
	Y / N / Pending		

Are you now under the supervision of Probation Service or CRC? Yes No N/A

If yes, please provide details below:

Name	Service	Tel	Consent to Contact
			Y / N
			Y / N

Please provide any other details or comments on this referral below:

Comments:

Please return all **completed** forms to support@survivorsmanchester.org.uk or via the secure CJSM email facility support.services@survivorsman.cjism.net.

Alternatively, fax to [0161 839 8454](tel:01618398454) or contact [0161 236 2182](tel:01612362182) and we can take the referral by telephone.

We are unable to accept incomplete forms and they will be returned to the referrer for completion, which will delay the provision of an assessment appointment for the client.

We will contact the client within 3 working days of receiving the fully completed referral, and we aim to provide an assessment appointment within 10 – 14 days after.

Once assessed, we aim to provide formal support and therapy services within 10 weeks but invite all those assessed to utilise our drop in, telephone support service on 0161 236 2182 or email support service on support@survivorsmanchester.org.uk whilst waiting for therapy to commence.

Completed by Tel (if external)

For Survivors Manchester Office Use Only:

Date Received	<input type="text"/>	Received by Staff Name:	<input type="text"/>
Date File Created	<input type="text"/>	Created by Staff Name:	<input type="text"/>
Date Added to VIEWS	<input type="text"/>	Added by Staff Name:	<input type="text"/>