**VOCAS Enhanced Adult Service Referral Form**

**SWAN supports victims of crime and anti-social behaviour, who are over 18 and over**

**and resident in Avon and Somerset**

**Strictly Confidential**

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| --- | --- |
| Are you asking for an advocate for yourself? Yes /No | If Yes, how did you hear of VOCAS? |
| If you are asking for an advocate for someone else, have they given their consent? Yes / No  **NOTE: We can only accept referrals if the victim has given their consent.** | |
| **Please tick the Enhanced need of person being referred: To qualify for this service the victim must meet at least one of these enhanced criteria.**     * Learning Disability * Mental Health needs * Physical Disability * Problem associated with old age * Social exclusion or isolation * Gender Identity * Sexuality * Race * Religion * Other ………………………………………………………… | **Disability:**  Do you consider yourself disabled?  □ Yes □ No □ Prefer not to answer  Please tick all that apply:  □ Deaf BSL user  □ Sensory impairment: □ Speech □ Hearing □ Visual  □ Physical impairment  □ Learning difficulties  □ Autism/ Asperger’s  □ Mental / emotional distress  □ Long term illness 12 months+  □ Prefer not to answer |
| **Referrer Information (if other than the victim)** | Relationship to the victim: |
| Full name: | Job Title and Organisation (If appropriate) |
| Address:  Postcode: | Telephone No:  Email Address: |
| Current Risk Assessment Available YES / NO  If YES please send copy with referral form. |
| **Victim Information**  **(the adult who is in need of an advocate)** | May we contact the victim directly? YES/NO  If no who do we contact? |
| Name: | Date of birth: |
| Home address (if different from above):  Postcode:  Does the offender live at the same address? Yes/No  Is it safe to write to the victim at this address? Yes/No | What is victim’s preferred method of contact:    Phone number:  Email address:  Text:  Is it safe to leave messages?  Is there a best time to call? |
| **Brief summary of situation – please give details and impact of the crime** | |
| Has the crime been reported to the police: YES/ NO  Type of Crime:  Crime number if known: | |
| Victim’s first language: Interpreter required? YES/NO  Any cultural needs we need to be aware of:  Any other needs we should consider (eg. do they have difficulty in communicating verbally/in writing?) | |
| Are there any other agencies working with the victim? | |
| **Brief summary of advocacy/support request:** | |
| **Are there any deadlines or important meeting dates?** | |
| **CONSENT Due to the Data Protection Act 1998, we need signed authorisation to say that the individual agrees to SWAN holding personal information (including the information provided on this referral)**  NB If an electronic signature isn’t used, the return of this form is a presumption of a signature | |
| **Signed Referrer Signed Victim Date:** | |

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| **SAFETY ASSESSMENT** | **RESPONSE** |
| Who lives at the home address? |  |
| Any problematic use of drugs/alcohol? |  |
| Any physical health conditions/needs? |  |
| Any mental health diagnosis? |  |
| Any risk of suicide or self harm? |  |
| Any pets at the home address? |  |
| Do you smoke? |  |
| Does the offender/perpetrator know where you live? |  |
| Anything else that we should be aware of? |  |

**Compulsory Information - Please tick as appropriate**

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| --- | --- | --- | --- |
| **Victim’s Ethnic Origin** | | **Victim’s Religion or Belief** | |
| White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, any other White background) |  | No Religion |  |
| Mixed / Multiple Ethnic Groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed/multiple ethnic background) |  | Christian  (all denominations) |  |
| Asian / Asian British (including Chinese, Indian, Pakistani, Bangladeshi and any other Asian background) |  | Buddhist |  |
| Black / African / Caribbean / Black British |  | Hindu |  |
| Other Ethnic Group (including Arab and any other ethnic group) |  | Jewish |  |
| Not stated |  | Muslim |  |
|  |  | Sikh |  |
|  |  | Any Other |  |
|  |  | Not stated |  |

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| --- | --- | --- | --- |
| **Gender** |  | **Sexual Orientation** |  |
| Man |  | Bisexual |  |
| Woman |  | Gay |  |
| Non Binary |  | Heterosexual |  |
| Trans |  | Lesbian |  |
| Not stated |  | Other |  |
|  |  | Not stated |  |
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