**VOCAS Enhanced Adult Service Referral Form**

**SWAN supports victims of crime and anti-social behaviour, who are 18 and over, and a resident of 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?  **NOTE: We can only accept referrals if the victim has given their consent.** | | | | | | | | | | | | | | Yes No | | |
| **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.** | | | | | | **Disability:**  Do you consider yourself disabled? | | | | | | | | | | |
| Yes | | | No | |  | Prefer not to answer | | | | |
|  | Learning Disability | | | | | Please tick all that apply: | | | | | | | | | | |
|  | Mental Health needs | | | | |  | | Deaf BSL | | | | | | | | |
|  | Physical Disability | | | | |  | | Sensory Impairment: | | | | | | | | |
|  | Problems associated with old age | | | | |  | | Speech | | Hearing | | | | | | Visual |
|  | Social exclusion or isolation | | | | |  | | Physical Impairment | | | | | | | | |
|  | Gender Identity | | | | |  | | Learning Difficulties | | | | | | | | |
|  | Sexuality | | | | |  | | Autism/Aspergers | | | | | | | | |
|  | Race | | | | |  | | Mental/Emotional Distress | | | | | | | | |
|  | Religion | | | | |  | | Long term illness 12+ months | | | | | | | | |
|  | Other: | | | | |  | | Prefer not to answer | | | | | | | | |
| **Referrer Information (if other than the victim)** | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | Relationship to the victim: | | | | | | | | | | |
| Address:  Postcode: | | | | | | Job Title and Organisation (if appropriate): | | | | | | | | | | |
| Telephone No. | | | | | | | | | | |
| Email: | | | | | | | | | | |
| Current risk assessment available?  If YES, please send with referral form | | | | | | | | | Yes No | |
| **Victim Information** **(the adult in need of an advocate)** | | | | | | | | | | | | | | | | |
| Name: | | | | | | Date of Birth: | | | | | | | | | | |
| May we contact the victim directly? | | | | Yes No | | If no, who do we contact? | | | | | | | | | | |
| Home Address (if different from above):  Postcode: | | | | | | What is the victim’s preferred method of contact? | | | | | | | | | | |
| Phone No. | | | | | | | | | | |
| Email: | | | | | | | | | | |
| Text: | | | | | | | | | | |
| Does the offender also live here? | | | Yes No | | | Is it safe to leave messages? | | | | | | | | | | |
| Is it safe to write to this address? | | | Yes No | | | 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 to be aware of? | | | | | | | | | | | | | | | | |
| Any other needs we should consider? (e.g. difficulty communicating): | | | | | | | | | | | | | | | | |
| 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:** | | | |
|  | |  | | | | | | | | | | |  | | | |

|  |  |
| --- | --- |
| **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 where appropriate**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Ethnic Origin** | | | **Client’s Religion or Belief** | | | | |
| White British |  | | Bahi | |  | | |
| Any other white background |  | | Buddhism | |  | | |
| Black/African/Caribbean |  | | Christianity | |  | | |
| Mixed and Multiple ethnic groups |  | | Hinduism | |  | | |
| Asian |  | | Humanism | |  | | |
| Other ethnic Group |  | | Islam | |  | | |
| Prefer not to say |  | | Judaism | |  | | |
|  | | | Paganism | |  | | |
| Sikhism | |  | | |
| Other | |  | | |
| Prefer not to say | |  | | |
| Not asked | |  | | |
|  | | | | | | |  |
| **Gender** | | | | **Sexuality** | | | |
| **Client identifies as:** | | | | **Client identifies as:** | | | |
| Male | |  | | Queer | |  | |
| Female | |  | | Bisexual | |  | |
| Trans Man | |  | | Pansexual | |  | |
| Trans Woman | |  | | Gay | |  | |
| Intersex | |  | | Lesbian | |  | |
| Non-Binary | |  | | Heterosexual | |  | |
| Genderqueer | |  | | Asexual | |  | |
| Other | |  | | Other | |  | |
| Prefer not to say | |  | | Prefer not to say | |  | |