**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**

|  |  |  |
| --- | --- | --- |
| 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 |[ ]