If you have a police.uk email address or a CJSM account, please send the referral to CJSM referrals - please send completed form to: hiowreferrals@victimsupport.cjsm.net

All other referrals must be sent password protected to: Hub.hiow@victimsupport.org.uk. Please contact us on 0808 178 1641 if you have any questions or problems.

## **Consent**

I confirm that I have spoken to the person with parental authority for the child and they have given consent for the child to be referred [ ]

## **Referrer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact number: |  |
| Agency referring: |   | Email:  |   |

## **Person with parental authority details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |
| Address |  | Safe to write | Yes [ ]  No [ ]   |
| Telephone Number |  | Safe to text: Safe to leave a voicemail:  | Yes[ ]  No [ ]  Yes[ ]  No [ ]  |
| Email Address |  |

## **Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name |  | Date of Birth |  |
| Address if different to above |  | Safe to write | Yes [ ]  No [ ]   |
| Telephone Number if different to above |  | Safe to text: Safe to leave a voicemail:  | Yes[ ]  No [ ]  Yes[ ]  No [ ]  |
| Email Address |  |

## **Equality, Diversity & Inclusion**

We ask these questions to all of our clients to ensure we are accessible to all of our communities. Please complete them if known so we can deliver the best support to the service user.

|  |  |  |  |
| --- | --- | --- | --- |
| Gender |  | Is this the same as at birth? |  |
| Sexuality |  | Ethnicity  |  |
| Nationality |  | Preferred Language |  |
| Preferred Pronoun |  | Does the client consider themselves to be disabled?  | Yes ☐ No ☐ |
| Reasonable adjustments required |  |

## **Crime Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Date of crime: |   | Crime Type: |   |
| Incident details: |  |
| Has the incident been reported to the Police? | Yes[ ]  No [ ]  | Crime Reference Number: |  |
| Is this a domestic incident | Yes[ ]  No [ ]  | Relationship to suspect e.g. neighbor? |  |
| If this is a domestic incident, a DASH form should be attached to the referral. If you have not completed a DASH or the DASH is 10 or more this should be referred to another agency as per your area’s domestic abuse pathway.  |

 |

## **Any other Information**

Please use this space to highlight anything that may be useful for the caseworker supporting to know, including any known risks or safety concerns, any other referrals or service engaged etc.

|  |
| --- |
|  |

Victim Support will always protect the confidentiality of service users and will not pass on personal details or any other information that could identify someone without their permission, unless we believe that person or someone else is at risk of harm or if there is a legal reason or requirement to disclose the information. For more information on how Victim Support uses your data see [www.victimsupport.org.uk/privacy-policy](http://www.victimsupport.org.uk/privacy-policy)