



Office use only: Allocated to: .....

Date: .....

## REFERRAL FORM

### This referral is for:

Mid Wales RSC Counselling \_\_\_\_\_

Advocacy / ISVA \_\_\_\_\_

Date of incident: (ISVA clients only) \_\_\_\_\_

### Please confirm appropriateness of agency:

Recent sexual assault / rape \_\_\_\_\_

Historic sexual assault / abuse / rape \_\_\_\_\_

Referring Agency: .....

Referring Agency Address: .....

.....

.....

.....

.....

Agency Telephone number (Incl. STD Code): .....

Date of Referral: .....

Contact Person: .....

Position:.....

# Mid Wales Rape Support Centre



## CLIENT DETAILS

Name of client: .....

Date of Birth: ..... Age: .....

Address of client: .....

.....

.....

Is the above client aware of this referral? Yes / No

If not, for what reason(s)? .....

.....

.....

.....

Can contact be made with the client by phone? Yes / No

Can a message be left on an answer machine? Yes / No

Telephone number(s) of client: Home.....

Mobile.....

Can the client be contacted by email? Yes / No

Email address of client.....

Can contact be made with the client by post? Yes / No

# Mid Wales Rape Support Centre



Does this client experience any of these issues?

- Mental Health issues Yes / No / Don't know
- Domestic Abuse Yes / No / Don't know
- Drug Abuse Yes / No / Don't know
- Alcohol Abuse Yes / No / Don't know
- Behavioural Problems Yes / No / Don't know

If the answer is 'Yes' to any of the above, please give further details below:

.....  
.....

Please indicate if there are any other agencies involved with the client, either presently or pending:

.....  
.....

Social worker: ..... Department:.....

Please indicate whether there are any Child Protection / POVA issues that we should be aware of:

.....  
.....

Has a report been made to the Police, or does the client intend to make a report to the Police regarding their referral issue? Yes / No

If "yes" please give details (including contact names if known):

.....  
.....  
.....

Police Station ..... Collar number /s .....

# Mid Wales Rape Support Centre



Please give us as much additional information about this client as you can, connected to the reason for this referral:

.....  
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.....

What has prompted this referral at this point of time?

.....  
.....  
.....  
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.....

How long, and in what capacity, have you known this person?

.....  
.....

Does this client have any additional requirements concerning access or other support in order to make full use of this agency? Yes / No

If 'Yes' please provide details below:

.....  
.....  
.....

Please return this form, either by fax to: 01970 358342, or by post to:  
**Mid Wales Rape Support Centre, 46 Great Darkgate Street (Entrance in Bridge Street)**  
**Aberystwyth, SY23 1DE**

# Mid Wales Rape Support Centre



## Monitoring Form

This information is collected for MOJ data monitoring purposes only.

Client Reference number \_\_\_\_\_

Client Gender M \_\_\_\_\_ F \_\_\_\_\_

Are you married or in a civil partnership?

I am married	
I am in a registered same-sex civil partnership	
I am single / separated / divorced	
I prefer not to say	

Please tell us about your children and caring responsibilities

I am pregnant	
I am caring for a child who is less than 6 months old	
I am caring for older children	
I have other caring responsibilities	
I do not have children or caring responsibilities	
I prefer not to say	

How old are you? (please tick one category)

Aged 10 or under	
11-15	
16-17	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75 or older	

# Mid Wales Rape Support Centre



What is your ethnicity? (please tick one category)

White British	
White European	
Mixed / Multiple ethnic groups	
Asian / Asian British	
Black / African / Caribbean / Black British	
Other Ethnic Group	
I prefer not to say	

What is your religion?

No religion		Hindu		Sikh	
Christian		Jewish		Any other religion	
Buddhist		Muslim		Prefer not to answer	

Do you have a disability?

Yes, I have a disability		I do not have a disability		I prefer not to answer	
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How would you describe your sexual orientation?

Heterosexual / Straight	
Gay / Lesbian	
Bisexual	
Other	
I prefer not to say	

How would you describe your gender identity?

Male	
Female	
Androgynous	
I prefer not to say	