

**Children’s Independent Sexual Violence Advocate (ChISVA) Referral Form**

**Referral Criteria**

The ChISVA can work with ages 0-17.

**\*\*Providing us with correct information at this stage speeds up the referral process, forms will be returned, if information is not provided\*\***

**Referrals for 0-13 must come from Police or Children’s Services and be undergoing or wishing to navigate a legal case. Consent for the referral to us must have been received from the child/young person or if under 13 from the parent/carer.**

Referrals for 14+ can come from any source. We will be clear that we will need to consider sharing information with Children’s Services or/and the Police due to our duty to protect the child or other children from the risk of suffering significant harm.

Client must be living in Derbyshire/Derby City.

Offence types are:

* Rape and Penetration offences
* Serious Sexual Assaults including attempted rapes
* Childhood Sexual Abuse (categories within this need to be clarified).
* For children, consideration will be given to other offences as a case by case basis due to the seriousness of the effects on the child/young person.

Please note –

All forms will be triaged and any incomplete forms will be referred back to sender.

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| **Police incident number and date:** | | | **Date of Referral:** | | | | |
| **Name of referrer and agency:** | | | **Referrer’s telephone number & secure email:** | | | | |
|  | Child | | | | | Suspect | |
| Surname |  | | | | |  | |
| Forename |  | | | | |  | |
| Gender |  | | | | |  | |
| DOB |  | | | Age | |  | Age |
| Ethnicity |  | | | | |  | |
| Relationship between child & suspect: | | Has a medical examination taken place? Yes/No  If yes, where & when? | | | | | |
| Has vulnerable witness interview taken place? Yes/No  When & where? | | | | | | | |
| Type of offence/reason for referral? | | | | Were drugs/alcohol used? Yes/No | | | |
| Date of offence? | Location of offence? | | | | | Arrest made:  Yes / No | |
| Details of current suspect situation:  *Remand? Bail Conditions?* | | | | Court date? | | | |
| If more than one suspect, use this space for relationship, ethnicity and age of individuals. | | | | | | | |
| Consent received by Child’s parent/guardian if under 13 years: Yes / No | | | | Consent received by the Young Person if over 13 years: Yes / No | | | |
| All information below is with regards to the client | | | | | | | |
| Accommodation status:  Is Child “in care” of local authority : Yes/No | | | | First language:  Interpreter required? Yes / No | | | |
| Disability/Learning need? | | | | Smoker: Yes / No / Not applicable | | | |
| **If over 13**  Young person’s contact number –  Is it OK to say calling from SV2? –  OK to text –  OK to leave message –  Are Parents/Carers aware of the referral- Yes/No  Any special requirements for follow up times – | | | | | | | |
| **Address 1**  **Lives with**  **Note:** SV2 will send a letter to this address confirming the referral  **Safe to write to address?** Yes / No | | | | | **Address 2 (if applicable)**  **Lives with**  **Note:** SV2 will send a letter to this address confirming the referral  **Safe to write to address?** Yes / No | | |
| **Parent/Carer Name 1:**  **Relationship to child:**  **Phone number:**  **Is it OK to say calling from SV2?** Yes / No  **OK to text:** Yes / No  **OK to leave message:** Yes / No  **Any special requirements for follow up times:** | | | | | **Parent/Carer Name 2:**  **Relationship to child:**  **Phone number:**  **Is it OK to say calling from SV2?** Yes / No  **OK to text:** Yes / No  **OK to leave message:** Yes / No  **Any special requirements for follow up times:** | | |
| **Parental responsibility held:** Yes / No | | | | | **Parental responsibility held:** Yes / No | | |
| **Is it safe to lone visit the family at address 1?** Yes / No  Please provide details and relevant risk assessments | | | | | **Is it safe to lone visit family at address 2?**  Yes / No  Please provide details and relevant risk assessments | | |
| **Risks** | | | | | | | |
| **Social Worker Name, telephone number & e-mail address:** | | | | **Name of child’s nursery/school/college:**  **Child’s GP details:** | | | |
| **What is the current Safeguarding status?**  Has a referral been made? When and by whom? Any future meetings – please give dates. | | | | | | | |
| **Who is the lead professional involved with the safeguarding?** | | | | | | | |
| **Any risks to be highlighted within the family?** i.e. Substance misuse, domestic abuse etc. | | | | | | | |
| **Any other agencies involved with client or family?** | | | | | | | |
| **Agency and key worker name and contact (phone or email)** | | | | | | **Previously/currently involved?** | |
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| **Have you explained the role of ChISVA to the individual?** Yes / No  **Are there any specific reasons why they want support?**  E.G. Emotional support, referrals, support to court? | | | | | | | |
| **Once completed please send to:** [referrals@drconline.cjsm.net](mailto:referrals@drconline.cjsm.net)  **Or post to:** 85 Mill Lane, Codnor, Derbyshire DE5 9QG  SV2 will send a letter to the client to confirm the referral has been received. | | | | | | | |