

**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/NoIf yes, where & when? |
| Has vulnerable witness interview taken place? Yes/NoWhen & 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/NoAny 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 / NoPlease provide details and relevant risk assessments | **Is it safe to lone visit family at address 2?**Yes / NoPlease 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 or young person?** 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  **(Only if you have a CJSM account)****Or post to:** Millfield House, Hall Street, Alfreton, Derbyshire DE55 7BUSV2 will send a letter to the client to confirm the referral has been received. |