**Please complete as much information as possible.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location:** | Liverpool  |  | Sefton |  | Birkenhead |  | West Wirral |  |

|  |
| --- |
| **Referrer Information:** |

|  |  |
| --- | --- |
| **Date of referral:** |  |
| **Service Requested:** |  |
| **Agency details:** |  |
| **Direct line:** |  |
| **Person referring:** |  |
| **Email:** |  |

|  |
| --- |
| **Client Information:** |

|  |  |
| --- | --- |
| **Name:** | **Preferred name:**  |
| **First Language:** | **Interpreter required: Y/ N** |
| **Address:** **Is it safe to send post Y / N** | **Mobile number:**Is it safe to leave a voicemail? Y / N Is it safe to text? Y / N |
| **Date of Birth:** | **Landline Number:**Is it safe to leave a voicemail? Y / N |

**Any other special circumstances you feel we should be aware of:**

|  |
| --- |
| **Any special circumstances:** |

|  |  |
| --- | --- |
| **Learning difficulties:** | **Physical disability:** |
| **Substance misuse:** | **Mental health issues:** |
| **Is the client currently involved in Criminal Justice process or actively reporting the incident of sexual abuse:** **Y / N** **If there is a police investigation what is the Unique Reference Number?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Is the client involved in any other services? Please provide contact details :**  |
| **Does this client have any previous convictions for sexual offences? Y / N**  |

|  |
| --- |
| **Incident Summary** |

|  |
| --- |
| **Please provide details of the incident:**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Historic child sexual abuse |  | Child Sexual Abuse |  | Domestic Abuse |  | Sexual Assault |  | Rape |  |

|  |
| --- |
| **Perpetrator Summary**  |

|  |  |
| --- | --- |
| **Perpetrator Name –** |  |
| **Relationship to Client –**  |  |

|  |
| --- |
| **Client Consent** |

|  |
| --- |
| **Please can you confirm that the client has given verbal consent to their information being passed to RASA Merseyside (if client has not consented we cannot accept the referral):** Y / N  |

**RASA CLIENT EQUAL OPPORTUNITIES MONITORING 2011**

**In line with current legislation introduced on 5th April 2011. RASA is obliged by law to complete this form on behalf of every existing client. Please take a minute to indicate your situation by marking as appropriate.**

**AGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10 or under** |  | **11 - 15** |  | **16 - 24** |  |
| **25 - 34** |  | **35 - 44** |  | **45 - 54** |  |
| **55 - 64** |  | **65 - 74** |  | **75 +** |  |

**OTHER**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Are you currently pregnant?** |  |  |
| **Are you currently in Maternity Period (up to 6 months following birth)?** |  |  |
| **Do you currently have responsibility as a carer?** |  |  |
| **Are you married or in a civil partnership?** |  |  |

**PLEASE INDICATE HOW YOU DEFINE YOUR ETHNICITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White**  |  | **Mixed** |  | **Asian or Asian British** |  |
| **Black or Black British** |  | **Chinese** |  | **Other** |  |

**PLEASE INDICATE YOUR RELIGION OR BELIEF**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **None**  |  | **Christian** |  | **Buddhist** |  |
| **Hindu** |  | **Jewish** |  | **Muslim** |  |
| **Sikh** |  | **Other Religion** |  | **Not willing to disclose** |  |

**DO YOU DEFINE YOURSELF AS HAVING A DISABILTY?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Yes**  |  | **No** |  | **Not disclosed** |  |

**PLEASE STATE HOW YOU DEFINE YOUR SEXUAL ORIENTATION?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Heterosexual/Straight** |  | **Gay/Lesbian** |  |
| **Bisexual**  |  | **Not willing to disclose** |  |

**GENDER IDENTITY**

**Please indicate if you define yourself by any of the following means**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Transgender** |  |  |
| **Transsexual** |  |  |
| **Intersex**  |  |  |
| **None of these** |  |  |

**Thank you for taking the time to complete the referral form. Please return the referral form to** referrals@rasamerseyside.org **or jessica.whalley@rasasefton.cjsm.net. We will aim to contact the client within the next 48 hours.**