

**Agency Referral**

**(IMPORTANT NOTE- you should only refer in with survivors consent)**

**If you are making a referral on behalf of a survivor, please fill out all sections including the referrer details)**

**Referrer Details**

|  |  |
| --- | --- |
| **Organisation** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Contact number** | Click here to enter text. |
| **Contact email** | Click here to enter text. |
| **Date** | Click here to enter text. |
| **Where did you hear about this service?** | Choose an item. |

**Self- Referral (over the phone/email/face to face)**

**(Please ensure to fill out all sections to ensure the appropriate support/service is allocated)**

**Client Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Date of birth** | Click here to enter text. |
| **Area** | Choose an item. | | |
| **Address** | Click here to enter text. | | |
| **Contact number** | Click here to enter text. | **Email** | Click here to enter text. |
| **Contact permissions** | Telephone Call  Text  Email  Voice message  Is it ok to identify ourselves as calling from WRASAC  Would client like a text first before calling? Yes ☐ No ☐ | | |

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| --- | --- | --- | --- | --- |
| **Looking for**  **(mark all that apply)** | **Women’s Support Service- Therapeutic**  **Support (one to one)** |  | **Advocacy -**  **Support with Justice System (e.g. Police, Court etc.)** |  |
|  | **DAYS-**  **Young Person with Support Needs (one to one)** |  | **Vice Versa- Women engaging in commercial sexual exploitation** |  |
|  |  |  | **Unsure- would like to discuss further** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Has the client been referred to us before** | **Yes** |  | **No** |  | **Unsure** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Availability during week days** | **Morning** |  | **Afternoon** |  | **Evening** |  |

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| Brief Reasons for Referral |
| Click here to enter text. |
| Are there any risks factors we should make aware of that will help to keep WRASAC workers and or the survivor safe? Please comment |
| Click here to enter text. |

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| **Accessibility or other difficulties** |

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| --- | --- | --- | --- | --- | --- |
| **Mobility** |  | **Vision** |  | **Hearing** |  |
| **Speech** |  | **Literacy** |  | **Childcare** |  |
| **Dependent Care** |  | **Transport** |  | **Language (which)** |  |
|  |  |  |  | **Other** |  |
| **Allergies/Health Conditions that we need to be aware of** | Click here to enter text. | | | | |

Please return this referral by email to: [support@wrasac.org.uk](mailto:support@wrasac.org.uk)

Or post to:

WRASAC, Referrals, Sangobeg House, 4 Francis Street, Dundee, DD3 8HH

Support Line 01382 201 291

For more information about any of our services you can contact our Business Line on (01382) 205556

[**www.wrasac.org.uk**](http://www.wrasac.org.uk)

We will attempt to contact the client through as many methods as possible and will stop trying if we don’t manage to get in contact within **two weeks**.

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| **OFFICE USE ONLY** |  |
| **Checklist**  Did you confirm with survivor that they are happy for us to keep their details on our secure database? This confirmation should be written in their notes on Oasis. |  |
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