|  |
| --- |
| **Referral** |
| Referrer Name: |  | Referrer Email: |  |
| Referral Agency: |  | Phone Number: |  |
| Referral Date: |  |  |
| Referral Source: |
|  [ ]  Action Fraud [ ]  Beacon Outreach [ ]  British Transport Police [ ]  CAB Witness Service [ ]  DV Specialist Support [ ]  Hertfordshire Police [ ]  Housing Association [ ]  Local Authority [ ]  Social Services [ ]  SV Specialist Support [ ]  Voluntary/Community Group [ ]  Witness Care Unit [ ]  Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Referral Agency Location: |  |
| Crime Reference Number (if applicable): |  |

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| **Client Details** |
| Title: |
|  [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name: |  | Surname: |  |
| DOB: |  |  |
| Address: |
|   |
| Postcode: |  |
| Telephone Number: |  | Mobile Number: |  |
| Email: |  |
| Preferred/Safe Method of Contact |  |
| Best Time to Contact |  |
| Has the Victim Given Consent to be Referred to Beacon? | [ ]  Yes [ ]  No (If no, please obtain consent as we are unable to work with victims of crime without consent) |
| Gender: |
| [ ]  Male [ ]  Female [ ]  Trans [ ]  Indeterminate[ ]  Andogyny [ ]  Bigender [ ]  Gender Binary [ ]  Gender Fluid[ ]  Intersex [ ]  Questioning (Gender) [ ]  Third Gender/Pangender [ ]  Other [ ]  Prefer not to say [ ]  Unknown [ ]  Not Given |
| Ethnicity: |  |
| Disabilities: |
| [ ]  Autistic Spectrum Disorder [ ]  Blind or Partially Sighted[ ]  Deaf or Hearing Impairment [ ]  Disability, Special Need or Medical Condition[ ]  Mental Health Difficulties [ ]  Specific Learning Difficulty[ ]  Unseen Disability (or diabetes, epilepsy) [ ]  Wheelchair User/Mobility Difficulty[ ]  Prefer Not to Say [ ]  Unknown[ ]  No Disabilities  |
| Religion: |
| [ ]  Christian (all denominations) [ ]  Buddhist [ ]  Hindu[ ]  Jewish [ ]  Muslim [ ]  Sikh[ ]  Other Religion [ ]  No Religion [ ]  Prefer Not to Say[ ]  Unknown |
| Sexual Orientation: |
| [ ]  Gay [ ]  Lesbian [ ]  Heterosexual[ ] Bisexual [ ]  Androsexual/Androphillic [ ]  Aromantic[ ]  Asexual [ ]  Bicurious [ ]  Demisexual[ ]  Fluid sexuality [ ]  Pansexual [ ]  Questioning (Sexual)[ ]  Skoliosexual [ ]  Other [ ]  Prefer Not to Say[ ]  Unknown |
| Any Communication Issues? |  |

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| **Risk** |
| Would you consider it safe to visit this service user at home? |
| [ ]  Yes [ ]  No |
| Please list any locations at which we should not meet with the service user: |
|  |
| Please list any specific known risk posed by service users to staff, the public or other service users which is relevant for us to be aware of to enable us to provide a support service to victim: |
|  |

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| **Crime Information:** |
| Crime Type: |  |
| Incident Date: |  | Reported to Police? | [ ]  Yes [ ]  No |
| Crime Reference Number: |  |
| Offender Known? | [ ]  Yes [ ]  No |
| Incident Details: |
|  |