

Devon and Cornwall SARCs: Referral Form

- Please complete this form **fully**, with consent of the person you are referring. If referral is incomplete, then referral may be returned to the referrer for further information.
- On completion, please send this form **securely** to rduh.sarc-referral@nhs.net, if you are unsure whether your email is secure, please contact Devon and Cornwall SARCs on 0300 303 4626
- If you are unsure if a client needs urgent treatment (incident occurring within last 7 days etc.), please call Devon and Cornwall SARCs on 0300 303 4626, 24/7, 365 days a year.

Date		Patient seen at Devon and Cornwall SARCs previously?	Yes ☐ No ☐ Not Known ☐
Have you obtained consent from the patient: Yes ☐ or person with PR: Yes ☐ to make this referral? Has the child consented to this ref: Yes ☐			
You have consent to refer for?		Non-recent medical ☐ ISVA ☐ Therapy ☐	
If you do NOT have consent to refer – please contact Devon and Cornwall SARCs via telephone (or email, if non-urgent) to discuss			

Referrer details	
Referrer name	
Referrer organisation & role	
Referrer contact number	
Referrer email address	

Patient details			
Patient name			
Patient DOB		Age	
Ethnicity		Gender identity Gender observed at birth	
Contact number		Safe to leave message?	Yes ☐ No ☐
Child contact details if different:		Safe to text?	Yes ☐ No ☐
Alternative contact (include name and relationship to patient)			
Patient email address		Safe to email?	Yes ☐ No ☐
Postal address		Safe to post	Yes ☐ No ☐

Please complete if patient is under 18 – if not, skip to next section			
Parent / Carer name		Consent to contact	Yes ☐ No ☐
Parent / Carer contact number		Safe to leave message?	Yes ☐ No ☐
Who has parental responsibility?		Are they aware of this incident?	Yes ☐ No ☐
		Are they aware of this referral?	Yes ☐ No ☐
Who does the child / young person live with?		Has a safeguarding referral been made?	Yes ☐ No ☐

Has a strat meeting been held	Yes ☐ No ☐	Who should first contact be made with? (please note, for older children we will aim to speak with both parent/carer and the child/young person)
Any relevant information regarding family etc.		

Additional information			
Does the patient have any mental health issues?	Yes ☐ No ☐	Further details	
Does the patient have any learning difficulties?	Yes ☐ No ☐	Further details	
Does the patient have any physical health conditions / disabilities?	Yes ☐ No ☐	Further details	
Does the patient self-harm / have they ever self-harmed?	Yes ☐ No ☐	Further details	
Does the patient have any alcohol or drug dependencies	Yes ☐ No ☐	Further details	
Is an interpreter required?	Yes ☐ No ☐	Language required	
Has explicit consent been given to refer to Independent Sexual Violence Advisor?	Yes ☐ No ☐	Are there any lone working issues / known risks?	
Please note: The Independent Sexual Violence Advisor service is provided by The Bridge Project, who have their own privacy policy. They are an independent organisation, separate to Devon and Cornwall SARCs, who we work alongside. We offer an ISVA referral to all patients we speak to, where appropriate, however if an ISVA referral has already been consented to we can action this immediately whilst we attempt to make contact to discuss all other additional support.			
Additional information relevant to support client and any outcomes			
Please include details of any safeguarding referrals, risk assessments, and onward referrals already completed and who to.			

Incident details				
Was incident acute (within last 10 days)?	Yes ☐ No ☐	If yes, what was the date & time of incident? (if known)		
Was incident non-acute (more than 10 days ago)	Yes ☐ No ☐	If yes, what was the age of client at time of incident?		
Type of offence	Rape ☐	Assault by penetration ☐	Other sexual assault ☐	Unknown ☐
Any other relevant details regarding incident	<i>What went where:</i> <i>Is the patient otherwise sexually active:</i>			
Relationship of perpetrator to victim	Partner ☐	Ex-partner ☐	Family member ☐ Please detail:	
	Stranger (sudden attack without warning) ☐		Acquaintance (some contact before assault, e.g. buys drink, starts conversation) ☐	

	Other:			
Safeguarding concerns related to this incident	Domestic Abuse ☐		Child sexual exploitation ☐	
	Sex work ☐	Trafficking ☐	Online ☐	Unknown ☐
	If Online, which site?			
Has incident been reported to Police?	Yes ☐ No ☐	If yes, please provide the occurrence or log no. / incident ref. if known		
If reported to police, please provide details of when reported, officer(s) dealing with, outcome / current stage of investigation etc.		OIC Name: Contact details:		
Is the person known to social care?		Social workers Name: Contact number: Email address:		
Military Link Please indicate whether the patient or suspect has a military connection: ☐ Currently serving member of the UK Armed Forces ☐ Veteran (this includes anyone who has served in the UK Armed Forces for 24 hours). ☐ Reservist ☐ Spouse, partner, parent, or child of a current or former member of the UK Armed Forces ☐ Suspect who is currently serving or has previously served in the UK Armed Forces ☐ No known military link				
Please list any other professionals that are involved and if we have consent to contact them.				

Incident details and any additional information

Please provide any additional observations or concerns relevant to the patient's care from Devon and Cornwall SARCs and onward referrals. Please provide details of any services already offered, current professionals involved, any examinations already completed etc.

Please also provide details of any past or future strategy discussions, court dates etc.

By submitting this referral form you are confirming that the patient or person with PR has been informed of the support offered by Devon & Cornwall SARC and wish to access the services. They have been made aware that in order for the best care and support to be provided to them, this referral will result in information about them is being shared with:

- Devon and Cornwall Sexual Assault Referral Centre's (SARC) managed by Royal Devon University Healthcare Trust.
- The Independent Sexual Violence Advisor services managed by The Bridge Project
- Onward therapy/support referrals managed by First Light, Devon Rape Crisis, Safer Futures and Women's Centre.

Information will be shared in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and other UK or EU data protection.

They have been made aware of the reasons for any risk and needs assessments' that have been carried out and that a statutory duty exists regarding certain information that may be disclosed without my consent.

This agreement complies with the requirement for explicit consent to be given under Schedule 3 of the Data Protection Act 1998

Devon and Cornwall SARCs are available for information and advice 24/7, 365 days a year. The telephone is always answered by a specially trained crisis worker and medical staff. If you are unsure if this referral is urgent, please do not hesitate to call.