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| ***For Office Use Only:*** |
| **Client CIVI Reference:** | Click or tap here to enter text. |
| **Name of Team Member Receiving this Form:** | Click or tap here to enter text. |
| **Date Received:** | Click or tap to enter a date. |

**REQUEST FOR SUPPORT FORM**

**Hello**

**Thank you for contacting RSVP for support – we know this takes courage & our bold, believing, big-hearted team are for you every step of the way. This form is designed to collect information to find out what support you need & will allow us to start the process of offering you support as quickly as possible.** Please note, we are only able to support individuals in Birmingham & Solihull. We are unable to support adults who have sexual harmed. All information you provide is kept secure & confidential.

 **Service/(s) & Support Desired**

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| **Counselling | The 7th Window** | [ ]  **Adult Counselling** |
| **If ‘YES’, please select a preferred location for counselling (adults only) from our dropdown menu\*****\*Our Birmingham City Centre location offers counselling from Monday to Sunday, while counselling availability from other locations is subject to limited days/times. While we are unable to meet your preferences, we will try to accommodate where possible.** **Preferred location 1:** Choose an item. **Preferred location 2:** Choose an item.**Please note, immediate specialist counselling (paid for private counselling with no waiting lists) for individuals subjected to sexual violence & abuse is available via our sister organisation,** [**GINA**](https://www.gina.uk.com/)**.** |

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| *We are able to support you with Advocacy services regardless of whether you have reported an offence or not. If you would like to access any advocacy support in relation to a sexual offence reported to the police, please complete the ‘For Advocacy Services Surrounding a Reported Sexual Offence Only’ section on the last page of this referral form.*  |
|  | [x] [**Adult Advocacy**](https://rsvporg.co.uk/services/adult-advocacy/) **(ISVA service)** |  | [ ] [**Social Groups**](https://rsvporg.co.uk/services/free-social-groups/)**:** Choose an item. |
| **2,382 Gay Pride Icon Stock Photos, Pictures &amp; Royalty-Free Images - iStock** | [ ] [**LGBT Advocacy**](https://rsvporg.co.uk/services/lgbt-advocacy/) **(ISVA service)** | **Coffee, cup icon - Download on Iconfinder on Iconfinder** | [ ] [**Coffee Mornings**](https://rsvporg.co.uk/services/free-monthly-coffee-mornings/) |
| **Icon of kindness and charity, Hands and heart. hands hug heart symbol  Valentines day. Hand drawn graphic illustration boy and girl in love, love  for nature, ecology - Download Free Vectors, Clipart** | [ ] [**Sex Worker Advocacy**](https://rsvporg.co.uk/services/the-red-project/) **(The Red Project) – ISVA service** | **Books stack of three - Free education icons** | [ ] [**Self-Help Resources**](https://rsvporg.co.uk/resources/self-help/)(please note, our sister organisation, [GINA](https://www.gina.uk.com/), also offers a range of free bespoke resources for individuals subjected to sexual violence & abuse).[ ] [**Online Support**](https://rsvporg.co.uk/taste-of-recovery-mindbody-online-support/) **(Taste of Recovery & MindBody)** |
|  | [ ] [**Arts with Hearts**](https://rsvporg.co.uk/services/arts-with-hearts/) **(arts & crafts group)** |
|  |  |  |  |
| **60 Resources for Supporting Immigrant and Refugee Communities** | [ ] [**Specialist Counselling for Refugee & Asylum Seeker Survivors**](https://rsvporg.co.uk/services/asylum-seeker-and-refugee-survivors/) | **60 Resources for Supporting Immigrant and Refugee Communities** | [ ] [**Specialist Support Work for Refugee & Asylum Seeker Survivors**](https://rsvporg.co.uk/services/asylum-seeker-and-refugee-survivors/) |
| **60 Resources for Supporting Immigrant and Refugee Communities** | [ ] [**Specialist Social Group (‘Connections’) for Female Refugee & Asylum Seeker Survivors**](https://rsvporg.co.uk/services/asylum-seeker-and-refugee-survivors/) |
|  |  |  |  |
| **Counselling | The 7th Window** | [ ] [**Children & Young Person’s Counselling**](https://rsvporg.co.uk/services/children-young-peoples-advocacy/)**Preferred location 1:** Choose an item.**Preferred location 2:** Choose an item. |  | [ ] [**Children & Young Person’s Advocacy**](https://rsvporg.co.uk/services/children-young-peoples-advocacy/) **(ISVA service)** |
| **Icon of kindness and charity, Hands and heart. hands hug heart symbol  Valentines day. Hand drawn graphic illustration boy and girl in love, love  for nature, ecology - Download Free Vectors, Clipart** | [ ] [**Supporters Circle**](https://rsvporg.co.uk/services/children-young-peoples-advocacy/) **– support for parents/carers supporting a child or young person subjected to sexual violence & abuse** | **Icon of kindness and charity, Hands and heart. hands hug heart symbol  Valentines day. Hand drawn graphic illustration boy and girl in love, love  for nature, ecology - Download Free Vectors, Clipart** | [ ] [**Supporters Programme**](https://rsvporg.co.uk/services/children-young-peoples-advocacy/) **- support for parents/carers supporting a child or young person subjected to sexual violence & abuse** |

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| **Self-Help Resources & Leaflets on our Website** ***Please ONLY complete if you would like any self-help resources or leaflets from our website posted to you – otherwise, resources can be access digitally via our*** [***website***](https://rsvporg.co.uk/resources/self-help/)***.***  |
|  | ***Number sent (Office use only):*** |  | ***Number sent (Office use only):*** |
| [ ]  **Self-help sheets (Pease list which sheets):**Click or tap here to enter text. | Choose an item. | [ ]  **Other (please specify):**Click or tap here to enter text. | Choose an item. |
| [ ]  **General services leaflet** | Choose an item. | [ ]  **ISVA leaflet** | Choose an item. |
| [ ]  **Social groups leaflet** | Choose an item. | [ ]  **Children & young people’s leaflet** | Choose an item. |
| [ ]  **Support for males leaflet** | Choose an item. |  |  |
| [ ]  **Translated information (please specify which resource(s)/topic(s) & language requested):**Click or tap here to enter text. | Choose an item. |

**Referrer**

|  |  |  |
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| [ ]  **Self-referral** | **OR** | [ ]  **Referral from another organisation** |
| **Where did you hear about RSVP?:**Click or tap here to enter text. | **Name of agency:** | Click or tap here to enter text. |
| **Name of referrer:** | Click or tap here to enter text. |
| **Referrer telephone number:** | Click or tap here to enter text. |
| **Referrer email address:** | Click or tap here to enter text. |
| [ ]  **General enquiry about RSVP** | [ ]  **Enquiry on behalf of client**  |

**Details of the Individual Accessing Support**

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| **Please tick all that apply:** | [ ]  I have been subjected to sexual violence & abuse | [ ]  I am supporting someone who has been subjected to sexual violence & abuse |
| **Name:** Click or tap here to enter text. |
| **D.O.B:** Click or tap to enter a date. | **Age:** Click or tap here to enter text. |
| **How would you describe your gender?** Choose an item.**(if prefer to ‘self-describe’, we invite you to do so here):** Click or tap here to enter text.**How would you describe your sexual orientation?** Click or tap here to enter text. |
| **What is your preferred method of contact?** Choose an item.**Are there any special instructions regarding phone calls and messages? (if so, please detail):** Click or tap here to enter text. |
| **Address (we are only able to support individuals in Birmingham & Solihull):** Click or tap here to enter text.**Is this a safe address where we can write to you? (correspondence will arrive in a plain envelope):** Choose an item. |
| **For Under 18s** (Please include a parent/carer address if not living with parents): Click or tap here to enter text.Other correspondence address (eg. Care home): Click or tap here to enter text. |
| **A safe contact number to reach you on:** Click or tap here to enter text.Is it safe to leave a message? Choose an item.Is it ok to send text messages?Choose an item. |
| **A safe email address:** Click or tap here to enter text.Is it ok to send emails? *Please check your spam/junk folders:*Choose an item. |

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| **We ask the following questions to help make sure RSVP is reaching everyone who needs support.** |
| **How would you describe your ethnicity?** [ ]  Asian or Asian British: Choose an item.[ ]  Black, Black British, Caribbean or African: Choose an item.[ ]  Mixed or Multiple Ethnic Groups: Choose an item.[ ]  White: Choose an item.[ ]  Other Ethnic Group:Choose an item. |
| **What is your primary language?** Click or tap here to enter text.Do you require an interpreter**?** Choose an item.If so, which language do you require**?** Click or tap here to enter text. |
| **Do you consider yourself to have a disability?** Choose an item.If so, please detail: Click or tap here to enter text.Please detail any access support needs (signer, hearing loop): Click or tap here to enter text. |
| **Are you neuro-divergent? If so, please describe:** Click or tap here to enter text.Please detail any access support needs: Click or tap here to enter text. |
| **Do you have any mental health difficulties (eg. depression, anxiety, eating difficulties…)? If so, please describe:**Click or tap here to enter text.Please detail any access support needs: Click or tap here to enter text. |
| **Reason for accessing our support: how would you describe what you have been subjected to?**We support individuals subjected to sexual violence & abuse. We do not support adults who have sexually harmed and/or are a risk to others.  |
| [ ] Sexual abuse in adulthood | [ ] Sexual abuse in childhood | [ ] Sexual abuse in adulthood & childhood | [ ] I am a supporter |
| [ ] Rape | [ ] Sexual assault/sexual violence | [ ] Child sexual exploitation | [ ] Adult sexual exploitation |
| [ ] Satanic/ritual abuse | [ ] Domestic abuse | [ ] Forced prostitution | [ ] Trafficking  |
| [ ] Forced marriage & honour-based violence | [ ] Sexual harassment  | [ ] Revenge porn |  |
| [ ] I don’t know how to describe it | [ ] Prefer to chat it through with someone from RSVP | [ ] Other: Click or tap here to enter text. |  |

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| **Do you have anything else you’d like to tell us? Is there any more info/details you feel are important to share? Do you have any questions, queries or worries you’d like to explore with us?** |
| Click or tap here to enter text. |

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| [ ]  **I consent to this referral.** [ ]  **I confirm that I have completed this form with as much information as I feel able to offer.** [ ]  **I give consent for RSVP to securely store my confidential data in accordance with GDPR guidelines.**  |
| Our service is confidential, and we will never share personal contact details or other sensitive information unless we are required to do so by law. The information you provide on this form will be used to help us understand if we are reaching all parts of our community and help us to develop our services. |

***To support us in keeping your information secure, please password protect this document before returning it to*** ***info@rsvporg.co.uk******. Please send your password to us in a separate email.***

***Thank you for your referral – we will be in touch soon.***

***For Advocacy Services Surrounding a Reported Sexual Offence ONLY***

***Please ONLY complete this section if you have reported a sexual offence to police & you’d like Advocacy support through reporting, court and the criminal justice process.***

|  |  |
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| **Have you reported the offence to the police?** [ ]  Yes [ ]  No | **Please ONLY complete the following details if the sexual offence has been reported to police.** |
| **Type of offence reported:** Click or tap here to enter text. | **Date offence reported:**Click or tap to enter a date. |
| **Brief details:** Click or tap here to enter text. |
| **Name of perpetrator/(s):** Click or tap here to enter text.**Relationship (if any) to perpetrator/(s):** Click or tap here to enter text. | **Gender of perpetrator/(s):** Click or tap here to enter text. |
| **When did the offence take place?** Choose an item. |
| **Have you attended a Sexual Assault Referral Centre (eg. Horizon)?** [ ]  Yes [ ]  No |
| **Name of police officer dealing with the case:**Click or tap here to enter text. | **Police station:** Click or tap here to enter text.**Police tel. number:** Click or tap here to enter text. |
| **Crime number (if known):****URN number (if known):**  | **Sent to MARAC (Multi-Agency Risk Assessment Conference)?**[ ]  Yes [ ]  No [ ]  Unknown |
| **Progress with the case so far (eg. Awaiting trial/court date):** Click or tap here to enter text. |
| **Details of any children/dependants under 18 years old:** |
| **Name:** | **Gender:** | **DOB:** | **Relationship of perpetrator to child/dependant:** | **Does the perpetrator have parental responsibility?** | **School:** | **Does the child/dependant live with you?** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** |
| Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** | Click or tap here to enter text. | [ ]  **Yes** [ ]  **No** |
| **Is the client pregnant?**[ ]  **Yes** [ ]  **No****If ‘yes,’ what is the due date:** Click or tap to enter a date. |

***Please only complete the box below if you’d like Children & Young People’s Advocacy support.***

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| ***If you need Children & Young People’s Advocacy Support…*** |
| **Name & address of next of kin (including post code & contact number):** Click or tap here to enter text. |
| **Name & address of school/college currently attending (including contact person & postcode):**Click or tap here to enter text. |