**The Bridge SARC:** 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 [TheBridge@UHBW.nhs.uk](mailto:TheBridge@UHBW.nhs.uk), if you are unsure whether your email is secure, please contact The Bridge on 0117 342 6999.
* If you are unsure if a client needs urgent treatment (incident occurring within last 7 days etc.), please call The Bridge on 0117 342 6999, 24/7, 365 days a year.

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| Date |  | Client seen at The Bridge previously? | Yes  No  Not Known |
| Have you obtained consent from the client to make this referral? | | | Yes |
| **If you do NOT have consent to refer** – please contact The Bridge via telephone (or email, if non-urgent) to discuss | | | |

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

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| **Client details** | | | |
| Client name |  | | |
| Client DOB |  | Client age |  |
| Ethnicity |  | Gender |  |
| Client contact number |  | Safe to leave message? | Yes  No |
| Safe to text? | Yes  No |
| Alternative contact (include name and relationship to client) |  | | |
| Client email address |  | Safe to email? | Yes  No |
| Client postal address |  | Safe to post | Yes  No |

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| **Please complete if client 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 incident and this referral? | Yes  No |
| Who does the child / young person live with? |  | Has a safeguarding referral been made? | Yes  No |
| Any relevant information regarding family etc. |  | 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) |  |

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| **Additional information** | | | |
| Does the client have any mental health issues? | Yes  No | Further details |  |
| Does the client have any learning difficulties? | Yes  No | Further details |  |
| Does the client have any physical health conditions / disabilities? | Yes  No | Further details |  |
| Does the client self-harm / have they ever self-harmed? | 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 SAFE Link, who have their own privacy policy. They are an independent organisation, separate to The Bridge, who we work alongside.  We offer an ISVA referral to all clients 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**  Please include details of any safeguarding referrals, risk assessments, and onward referrals already completed | | | |
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| **Incident details** | | | | | | | | | | | | | | | | | |
| Was incident recent (within last 12 months)? | | Yes  No | | | | If yes, what was the date & time of incident? (if known) | | | | | | |  | | | | |
| Was incident non-recent (over 12 months 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 | |  | | | | | | | | | | | | | | | |
| Relationship of perpetrator to victim | | Partner | | | | | | Ex-partner | | | | Family member | | | | Acquaintance | |
| Stranger 1 (sudden attack without warning) | | | | | | | | | | Stranger 2 (some contact before assault, e.g. buys drink, starts conversation) | | | | | |
| Other: |  | | | | | | | | | | | | | | |
| Incident related to | | Sex work | | | | | | Trafficking | | | | Social media | | | | Unknown | |
| If social media, which site? | | | | | | | |  | | | | | | | |
| Has incident been reported to Police? | | Yes  No | | | | | If yes, please provide Niche 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. | | | | |  | | | | | | | | | | | | |
| Police district | Bristol | | | | | South Gloucestershire | | | | | | | | Somerset East | | | |
| Somerset West | | | | | Bath & North East Somerset | | | | | | | | North Somerset | | | |
| If out of area, click here:  Please provide details of police force investigating and contact information | | | | | | | |  | | | | | | | | |

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| **Additional information** |
| Please provide any additional observations or concerns relevant to the client’s care from The Bridge 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. |
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Once complete, please send referral securely to [TheBridge@UHBW.nhs.uk](mailto:TheBridge@UHBW.nhs.uk)

If you are unsure if your email is secure, please call The Bridge on 0117 342 6999

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