

## Children & Young Person Independent Sexual Violence Advisor (C&YP ISVA) Referral Form

Please email completed referrals to: [isva.isva@hamptontrust.cjsm.net](mailto:isva.isva@hamptontrust.cjsm.net)

DATE:

SECTION 1 – YOUNG PERSON DETAILS			
Forename		Surname	
Also known as		Date of Birth	
Gender			
Address at which the child/young person is currently living			Landline / home telephone number:  Email Address:
Child/young person mobile number		Parent's/Carer's mobile number	
<b>Is the Child / Young Person: (tick all that apply) –</b>			
<input type="checkbox"/> Living with parents	<input type="checkbox"/> Living with relatives	<input type="checkbox"/> Other (please state)	
<input type="checkbox"/> Looked After Child	<input type="checkbox"/> Subject to a Child Protection Plan	<input type="checkbox"/> Adopted	
First language:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?		
Does the child/young person consider themselves to be transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say		
Does the child / young person have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	Does the child / young person have a Visual impairment <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing impairment <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child / young person a Young Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of GP		GP surgery name	
GP surgery telephone number and email address		GP surgery address:	
Ethnicity	<input type="checkbox"/> White British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller
	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian

<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other Black/Caribbean/African Background
<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group – please state		
	<input type="checkbox"/> Any other mixed / multiple ethnic background – please state		

<b>Religion</b>	<input type="checkbox"/> Agnostic <input type="checkbox"/> Atheist <input type="checkbox"/> Baha’i <input type="checkbox"/> Buddhist <input type="checkbox"/> Chinese (Taoist / Confucian) <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Humanist <input type="checkbox"/> Japanese (Shinto) <input type="checkbox"/> Jewish <input type="checkbox"/> Jainism <input type="checkbox"/> Muslim <input type="checkbox"/> Pagan <input type="checkbox"/> Rastafarian <input type="checkbox"/> Sikh <input type="checkbox"/> Spiritualist <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Other
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## SECTION 2 – PARENT/CARER DETAILS

**Who holds parental responsibility for the child /young person?**

Forename		Surname	
Relationship		Telephone number:	
Address			

**Is there any history of parental mental health difficulties and/or history of substance misuse?**  Yes  No

If yes, please provide details:

**Is there any history of domestic violence within the family?**  Yes  No

If yes, please provide details:

**Are there any adult services currently involved?**  Yes  No

If yes, please provide details:

## SECTION 3 – CHILDREN’S SERVICES

Name of Allocated Social Worker or Family Support Worker	
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Children's Services Team	
Address	
Telephone	

### SECTION 4 - EDUCATION

Name of School/College:	School/College address and telephone number:
Home school / Tutor	Please give details:

### SECTION 5 – PRESENTING ISSUES, RISK AND CONCERNS

Please state any mental health difficulties, onset, frequency and duration, current presenting risk, details of any self harming behaviours, suicidal ideation/intent, interventions tried, impact on child and family, impact on education, and any relevant medical history:

**What services have been accessed already?**

**Is this support ongoing?**

**Is the young person on any current medication?**  Yes  No If Yes, please provide details:

**Are there any concerns relating to substance misuse?**  Yes  No If Yes, please provide details:

**Are there any concerns relating to food/weight/suspected eating disorder?**  Yes  No If Yes, please provide details:

### SECTION 6 - REASON FOR REFERRAL

**Sexual abuse/violence**  Yes  No **Sexual Exploitation**  Yes  No Please full provide details  
**Historic:**  Yes  No **Recent:**  Yes  No

Perpetrators Home  Yes  No      Victims Home  Yes  No      Entertainment Venue  Yes  No      Outdoors  Yes  No

Transportation  Yes  No      Workplace  Yes  No      Public Building  Yes  No      Other  Yes  No

Reported to police  Yes  No

RMS Number:

Officer Name:

Officer Contact details:

Mobile:

Email:

Any other relevant details of case:

## SECTION 7 – REFERRER DETAILS

Name		Job Title/Profession:	
Address			
Post Code:		Telephone:	
Date of Referral		Email address	

## SECTION 8 – Referral Consent

If no, please give reason

	Yes	No	
Does the Parent/Carer know about the referral?			
Does the Parent/Carer consent to the referral?			
Does the Child/Young Person know about the referral?			
Does the Child/Young Person consent to the referral?			
Does the Child/Young Person want YPISVA support			
Who should be our main contact (please delete as appropriate)	Young person	Parent/Carer	Other Details:
Preferred method of contact	Phone	Email	Post

## SECTION 9 - FOR OFFICE USE ONLY

Received:	Date:
Allocated:	Date:
Sign posting:	

**Please send referral to secure email: [isva.isva@hamptontrust.cjsm.net](mailto:isva.isva@hamptontrust.cjsm.net)**

Any Queries please email: [isva@hamptontrust.org.uk](mailto:isva@hamptontrust.org.uk)