**Agency Referral Form**

**This service is offered to all young survivors - of all genders - aged from 11 to 18 who live in Dundee or Angus. We offer support and advocacy if the young person has experienced any type of sexual violence including rape, sexual assault, sexual abuse, child sexual exploitation or sexual bullying.**

**Referrer Details**

|  |  |
| --- | --- |
| **Organisation** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Contact number** | Click here to enter text. |
| **Date** | Click here to enter text. |
| **Where did you hear about DAYS?** | Click here to enter text. |
|  |  |

**Young Person Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Date of birth** | Click here to enter text. |
| **Area or address** | Choose an item. | | |
| **Contact number (and name of contact, if not the young person)** | Click here to enter text. | **Email** | Click here to enter text. |
| **Contact preferences** | Text ☐ Email ☐ Voice message ☐ Identify ourselves ☐ | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Looking for (mark all that apply)** | **Support** | **☐** | **Advocacy** | **☐** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Has the young person been referred to us before?** | **Yes** | **☐** | **No** | **☐** | **Don’t know** | **☐** |
| **Has the young person consented to you making a referral?** | | | | | **Yes** | **☐** |
| **Does the young person fit our referral criteria?** | | | | | **Yes** | **☐** |
| **Brief description** | | | | | | |
| Click here to enter text. | | | | | | |
| **Briefly detail any risks we should be aware of** | | | | | | |
| Click here to enter text. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Accessibility or other difficulties** | | | | | |
| **Mobility** | **☐** | **Vision** | **☐** | **Hearing** | **☐** |
| **Speech** | **☐** | **Literacy** | **☐** | **Childcare** | **☐** |
| **Young Carer** | **☐** | **Transport** | **☐** | **Language (which)** | **☐** |
| **Other** | Click here to enter text. | | | | |

Return to: [DAYS@wrasac.org.uk](mailto:DAYS@wrasac.org.uk)

Or post to:

DAYS, Referrals, Sangobeg House, 4 Francis Street, Dundee, DD3 8HH

For more information about any of our services or to make a referral you can contact our Business Line on (01382) 205556

Check out our website at: [**www.wrasac.org.uk**](http://www.wrasac.org.uk)**/young-people/**

**Guidance:**

* We will contact the young person – or their representative - to arrange an introductory meeting. At this meeting they will speak with a support worker to find out a little more about the service and what to expect. They can attend this with a family member, friend or worker. This meeting can be in our centre or they can opt for a place they feel more at ease. For example, this could be a school, college or another place in their community. We cover Dundee, Angus and some parts of Perthshire and Fife.
* At the introductory meeting we will not ask about the experiences the young person has had, and ask that this referral only contains minimal information. We recognise that young people will need time and security before they can talk about what has happened. As Support Workers we would never ask a young person to talk about anything they are not comfortable with.
* If the young person feels that they would like to access support we will complete an initial assessment. This helps us get to know the young person and what support would be helpful.
* We may be able to offer one to one support straightaway, but if not we have a waiting list and can discuss other types of support that would be useful in the meantime.