

**Sexual Assault Support Service Canterbury**

 **Referral Form**

Please complete this form and forward to sasscadmin@avivafamilies.org.nz

|  |  |
| --- | --- |
| Date of Referral |  |
| Full Name |  |
| Date of Birth |  |
| Gender |  |
| Ethnicity |  |
| Country of Birth |  |
| Address |  |
| Contact numbers |  |
| Preferred contact |  |
| Referrer contact details |  |
|  Offence (if referrer is police) |  |
| Offence date(if referrer is police) |  |
| Brief description of offence(if referrer is police) |  |
| Police File Number(if referrer is police) |  |
| Children |  |
| Brief assessment of needs, if known |  |
| Medical concerns? |  |
| Safety concerns? |  |
| Permission given for SASSC to contact client? |  |