No one should go through this alone. We cannot take away what has happened for a family, but we can walk alongside them and provide them with tailored support to help them move forwards. We specialise in supporting families whose child has experienced CSA and families who are the indirect victims of indecent images (IVOII).

Please complete this form as much as you are able to, this helps us avoid the client having to repeat quite difficult information unnecessarily. If you don’t know something, please leave it blank and we will contact you if necessary.

**Your details (the referrer):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Contact Tel: |  | | |
| Organisation: |  | E-mail: |  | | |
| Date referral completed: |  | Is the person aware of the referral being made and given you permission to refer to us? | | Yes | No |

**Referral Details (the client):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | DOB: | | | |
| Address:  Postcode: | | | | | | | | |
| Home Number: | | | OK to leave them a message? | | | Yes | | No |
| Mobile: | | | OK for calls, voicemail or text messages? | | | Yes | | No |
| E-mail: | | | OK to send them email? | | | Yes | | No |
| Their Preferred contact method: | Home phone | Mobile | | E-mail | | | Post | |

**Details of children**

|  |  |  |  |
| --- | --- | --- | --- |
| How many children does the client have? |  | | |
| Please provide details of the child(ren) and identify which child(ren) has suffered the sexual abuse: | | | |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Is the child(ren) currently living with the client? | Yes | No |  |
| If ‘No’ to the above question, please provide any available details: | | | |

**Details of incident(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the abuse occurred in the last 3 months? |  | Yes | No | Please give approx. date(s): |
| Is the abuse considered “historic”? |  | Yes | No | Please give approx. date(s): |
| Please provide brief details of the incident (use bullet points if helpful): | | | | |

**Relationship of the offender to the client:**

|  |  |  |  |
| --- | --- | --- | --- |
| Husband | Partner | Ex-partner | Family friend |
| Relative | Acquaintance | Other | |
| If ‘Other’ please provide details: | | | |

**Additional information**

Does the client present with any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current** | | **Past** | |
| Mental health issues | Yes | No | Yes | No |
| Learning disabilities | Yes | No | Yes | No |
| Physical disabilities | Yes | No | Yes | No |
| Alcohol misuse | Yes | No | Yes | No |
| Drug misuse | Yes | No | Yes | No |
| Experienced domestic abuse | Yes | No | Yes | No |
| Experienced sexual violence | Yes | No | Yes | No |
| Currently receiving counselling elsewhere or on a waiting list. | Yes | No | Yes | No |
| If ‘Yes’ to any of the above, please provide details: | | | | |

Please provide details of any other professionals you are aware of that are currently working with this client (including Social Services and GP’s):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |
| --- |
| Brief details of the overall family situation and any other information that would be helpful in understanding how we might best support this client: |

**IMPORTANT:**

Please ensure that the client is aware there are contribution costs for our support, which can be found on our website here: <https://www.actsfast.org.uk/services>

**When completed please e-mail to:** support@actsfast.org.uk

**Office use only:**

Date referral received: Date of first contact:

**The type of support available, our sessions are subsidised through donations and funding.**

**Please indicate “X” what the Joint Household Income is after checking with the family.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Band** |  | **X** | **Trauma Support - 30min** | **Counselling – 50min** |
| A | £0 - £24,999 |  | £5/session | £10/session |
| B | £25,000 - £34,999 |  | £10/session | £15/session |
| C | £35,000 - £39,999 |  | £20/session | £25/session |
| D | £40,000+ |  | £40/session | £40/session |

**\*If families feel that they can afford to contribute more, this would be welcome.**

**Trauma Support - 30min sessions**

**These sessions are trauma stabilisation sessions which include psychoeducation, emotional and practical support.**

* Trauma support is chargeable on a means tested basis, as with counselling
* There will be discretionary support on a case-by-case basis for those who have no financial means, as an exception.
* Sessions will usually be booked 6 sessions at a time. Clients will then be invoiced in advance of the sessions.
* Cancellations less than 48h in advance will be chargeable, but we will attempt to re-book sessions where possible.

**Counselling – 50min sessions**

**These sessions are with trained professionals who are trauma informed.**

* All counselling is chargeable and usually with a volunteer counsellor qualified/trainee.
* There will be discretionary support on a case-by-case basis for those who have no financial means, as an exception.
* Sessions will usually be booked 6 sessions at a time. Clients will then be invoiced in advance of the sessions.
* Cancellations less than 48h in advance will be chargeable, but we will attempt to re-book sessions where possible.
* If you are currently receiving counselling elsewhere or on a waiting list, please let us know.

When completed please e-mail to: support@actsfast.org.uk