

**Sexual Assault Support Service Canterbury**

**Referral Form**

Please complete this form and forward to [sasscadmin@aviva.org.nz](mailto:sasscadmin@aviva.org.nz)\

Details marked with Asterisk (\*) are mandatory to be filled.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Referral\* | Click or tap here to enter text. | | | |
| Full Name\* | Click or tap here to enter text. | | | |
| Date of Birth\* | Click or tap to enter a date. | | | |
| Gender\* | Choose an item. | | | |
| Ethnicity\* | Click or tap here to enter text. | | | |
| Country of Birth\* | Click or tap here to enter text. | | | |
| Address\* | Click or tap here to enter text. | | | |
| Contact number\* | Click or tap here to enter text. | | | |
| Can leave a text\* | Yes | Can leave Voicemail\* | Yes |
| Email | Click or tap here to enter text. | | | |
| Preferred method of contact\* | Choose an item. | | | |
| Referrer contact details\*  (Name, agency, phone and/or email) | Click or tap here to enter text. | | | |
| Offence  (if referrer is police) | Click or tap here to enter text. | | | |
| Offence date  (if referrer is police) | Click or tap here to enter text. | | | |
| Brief description of offence  (if referrer is police) | Click or tap here to enter text. | | | |
| Police File Number  (if referrer is police) | Click or tap here to enter text. | | | |
| Children | Click or tap here to enter text. | | | |
| Brief assessment of needs\* | Click or tap here to enter text. | | | |
| Medical concerns? \* | Click or tap here to enter text. | | | |
| Safety concerns? \* | Click or tap here to enter text. | | | |
| Risk to Staff? \* | Click or tap here to enter text. | | | |
| Permission given for SASSC to contact client? \* | Choose an item. | | | |