

cid:image001.jpg@01CF9F4C.1E5EE4A0**Sexual Assault Support Service Canterbury**

**Referral Form**

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

|  |  |
| --- | --- |
| Date of Referral |  |
| Client Name |  |
| Date of Birth |  |
| Ethnicity |  |
| Address |  |
| Home phone |  |
| Mobile phone |  |
| Email address |  |
| Preferred contact |  |
| Referrer’s name  & contact details |  |
| Offence |  |
| Offence date |  |
| Brief description of offence |  |
| Police File Number |  |
| Children |  |
| Brief assessment of needs, if known |  |
| Medical concerns? |  |
| Safety concerns? |  |
| Permission given for SASSC to contact client? |  |