**Legal Support Service Referral Form**

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| **Information about the survivor and referrer** | | | | | | | | |
| **Name of survivor**  (+ WGN ID no. if there is one) |  | | | | | | | |
| **DoB of survivor** |  | | | | | | | |
| **Any communication needs**  Eg. interpreter (which language) literacy, disabilities, neurodivergence or other needs |  | | | | | | | |
| **Survivor’s contact details** | | | | | | | | |
| **Does she live in London?** | Yes  No | | | | | | | |
| **Any restrictions on contact**  (eg if living with perpetrator) |  | | | | | | | |
| **Phone** |  | | | | | | | |
| **Email** |  | | | | | | | |
| **Postal address** |  | | | | | | | |
| **Preferred method of contact** |  | | | | | | | |
| **Referrer contact details** | | | | | | | | |
| **Name** |  | | | | | | | |
| **Role** |  | | | | | | | |
| **Organisation** |  | | | | | | | |
| **Phone** |  | | | | | | | |
| **Email** |  | | | | | | | |
| **SECTION 1 - Issues on which advice is sought –**  **\*\*FOR VICTIMS RIGHT TO REVIEW PLEASE GO TO SECTION 2\*\*** | | | | | | | | |
| **Please set out the issue on which legal advice is sought and any relevant information on this issue.**  **Please include a brief chronological summary of the background situation, with dates** (approximate date eg month and year are fine if precise date not known) |  | | | | | | | |
| **Any deadlines you know of?** (Please give dates) |  | | | | | | | |
| **Consent/notification form completed for digital data and/or third party materials requests?** (please attach copy) |  | | | | | | | |
| **SECTION 2 – VICTIMS RIGHT TO REVIEW** | | | | | | | | |
| **Offence(s)** | | | | | | | | |
| **Investigating police force** | |  | | | **Date of offence(s)** | |  | |
| **Which offence(s) reported** | |  | | | **Date reported** | |  | |
| **Brief outline of offence(s)**  e.g.. how she knows perpetrator, where and when offence(s) took place | |  | | | | | | |
| **No Further Action (NFA) decision** | | | | | | | | |
| **Decision maker** | | Police  CPS | | **Date of decision** | | | |  |
| **Was the survivor provided with reasons for the NFA decision?** | | Yes  No  Unsure | | | | | | |
| **If so, how were the reasons communicated?** | | Verbally  In writing | | | | | | |
| **If so, what were the reasons given?**  **Please attach NFA letter where this sets out the reasons for NFA.** | |  | | | | | | |
| **Have police/CPS offered a meeting?** | | Yes  No  Unsure | | | | | | |
| **Would the survivor like to attend a meeting with the police/CPS?** | | Yes  No  Unsure | | | | | | |
| **Has a VRR been requested already? If so please give date request was made** | |  | | | | | | |
| **Further information and survivor authorisation** | | | | | | | | |
| **Any further questions or information** | |  | | | | | | |
| **What specifically would the survivor like assistance with?** | |  | | | | | | |
| **Has the survivor been told about the criminal injuries compensation scheme?** | | Yes / No | **I confirm that the survivor has given verbal authorisation for this referral, and has approved the contents of this form and the sharing of documents** | | | Yes / No / Other (if ‘other’ please explain) | | |
| **Please send this form to** [**legaladvice@wgn.org.uk**](mailto:legaladvice@wgn.org.uk) **we will contact the survivor within 3 working days** | | | | | | | | |