**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** **we will contact the survivor within 3 working days** |