**Agency/Self Referral Form**

This form should be completed with the full agreement of the person wishing to access Western Isles Rape Crisis Centre. To ensure confidentiality please do not send any additional paperwork with this referral form.

**Agency Contact Details (if applicable, if self-referral please skip this section)**

|  |  |
| --- | --- |
| Referrer |  |
| Agency |  |
| Address |  |
| Telephone Number |  |
| Email |  |

**Contact Details (for person requiring support)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| D.O.B |  |
| Telephone Number |  |
| Mobile Number |  |
| Other Number |  |
| Email |  |

Is it okay to identify ourselves when calling: Yes ☐ No ☐

Is it okay to leave a voicemail: Yes ☐ No ☐

Is it okay to text: Yes ☐ No ☐

Is it okay to email: Yes ☐ No ☐

Please advise best number and times to contact you (NB: Western Isles Rape Crisis Centre current working hours are Monday to Friday 9am – 5pm).

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At Western Isles Rape Crisis Centre we offer the following support for anyone (age 13+):

• Support for survivors of any form of sexual violence, including rape, sexual assault and sexual abuse no matter when in their life it happened.

• Advocacy for survivors.

• Information for survivors, professionals, and friends/family/supporters.

• Short-term support for family members, friends or supporters of survivors.

Our support services are available to anyone in the Western Isles and can be provided face-to-face, by phone, text, email, or video call.

**Please tell us what support you feel you may need at this time:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there any other information you want to share at this time?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon receipt of this signed consent form Western Isles Rape Crisis Centre will attempt to contact you as soon as practicable. If we are unable to make contact with you within two weeks of receiving this referral form, we will destroy all identifiable information regarding your enquiry in accordance with the Data Protection Act. You are always welcome to re-refer to Western Isles Rape Crisis Centre at any time in the future.

I have given my consent for this referral to be made on my behalf and agree with the details provided.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referrer**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Once signed by both parties, you can return this form to support@wircc.org.uk. If you have any questions about this form or the support, we provide please contact us on 01851 709965 to discuss further.