Thank-you for contacting CRASAC to make a self-referral. It helps us to know a little about your situation and we are also required to collect certain information by the people who support and fund our work.

Our service is confidential, and we will never share personal contact details or other sensitive information unless we are required to do so by law. The information you provide on this form will be used to help us understand if we are reaching all parts of the community and help us to develop our services.

Please return this form to **helpline@crasac.org.uk** or call 02476 277 777 if you required further support or an alternative format. We will be in touch shortly.

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| Which service would you like to refer into?  |
| Date of referral |  | Where did you find out about us? |  |
| Counselling |  | Advocacy (ISVA) |  | Not sure |  |
| Your contact details |
| Name (include middle names) |  | Date of Birth / Age |  |
| Address |  | Is it safe to send you letters to this address? |
| Yes / No |
| Mobile number |  | Is it safe to text this number? | Yes / No |
| Is it safe to call this number? | Yes / No |
| Is it safe to leave voicemails? | Yes / No |
| Safe Email address |  |
| What is your preferred method of contact |  |
| Emergency contact | Name |  |
| Contact number |  |
| Relationship to you |  |
| Are they aware that you will be accessing support from CRASAC? | Yes / No |
| Your situation |
| Are you safe at the moment? | Yes / No | If no, why? |
| GP details (name, practice name and contact details): |  |
| Any other professionals involved and details: |  |
| Has there been a recent incident? | Yes / No | How recent? |  |
| Is the case open to the police? | Yes / No | Name of police officer |  |
| Were you given information about the SARC? (Sexual Assault Referral Centre) | Yes / No | Did you attend the SARC? | Yes / No |
| Can you tell us briefly about why you are looking to access support from CRASAC? |  |

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| Support requirements |
| Main language |   | Do you require an interpreter? | Yes / No |
| Provide details of any support you require to access our services, such as language difficulties, mental health, physical or mobility issues |  |
| Have you been to CRASAC before? |  |
| Consent |
| I confirm that I have completed this form myself / I give consent for this form to be submitted on my behalf and to be contacted by CRASAC (delete as appropriate). |
| Name |  | Date |  |
| Signature |  |
| I confirm that I give consent for CRASAC to securely store my confidential data in line with the Data Protection Act. |
| Name |  | Date |  |
| Signature |  |

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| Equal Opportunities information |
| Ethnicity |
| Asian / Asian British – Any other Asian Background |  | Mixed / Multiple ethnic groups - White and Asian  |  |
| Asian / Asian British - Bangladeshi |  | Mixed / Multiple ethnic groups - White and Black African  |  |
| Asian / Asian British - Chinese  |  | Mixed / Multiple ethnic groups - White and Black Caribbean |  |
| Asian / Asian British - Indian  |  | Other ethnic group - Any other ethnic group  |  |
| Asian / Asian British - Pakistani  |  | Other ethnic group - Arab  |  |
| Black / African / Caribbean / Black British - African  |  | White - Any other White background  |  |
| Black / African / Caribbean / Black British - Any other Black / African / Caribbean background |  | White - English / Welsh / Scottish / Northern Irish / British  |  |
| Black / African / Caribbean / Black British – Caribbean |  | White - Gypsy or Irish Traveller  |  |
| Mixed / Multiple ethnic groups - Any other Mixed / Multiple ethnic background |  | White - Irish |  |
| Sexuality |
| Asexual |  | Other |  |
| Bisexual |  | Pansexual |  |
| Celibate  |  | Prefer not to say |  |
| Gay man |  | Queer |  |
| Heterosexual |  | Under 16 |  |
| Lesbian |  | Unsure |  |
| Not Appropriate |  | Unsure/questioning |  |
| Gender |
| Another way |  | Trans Man |  |
| Female |  | Trans Women |  |
| Male |  | Other |  |
| Non Binary |  | Prefer not to say |  |