

Shetland Rape Crisis Referral Form

This form should be completed with the full agreement of the survivor/family member or other person wishing to access Shetland Rape Crisis' services at The Compass Centre.

At The Compass Centre offer face-to-face, phone, text, email and Zoom support for any non-perpetrating person age 13+ who has been affected by sexual violence at any time in their life. This includes:

- Support for survivors of any form of sexual violence, including rape, sexual assault, sexual harassment and sexual abuse.
- Advocacy for survivors accessing, or thinking to access, the criminal justice system.
- Information for survivors, professionals, and friends/family/supporters.

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 | |
| Organisation | |
| Telephone number | |
| Email address | |

CONTACT DETAILS FOR PERSON REQUIRING SUPPORT

| | |
|--------------------|--|
| Name | |
| Age | |
| Preferred pronouns | |
| Home No. | |
| Mobile No. | |
| Other contact No. | |
| Email address | |

Do you have any access needs you would like to share with us, or that we should be aware of?

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| | YES | NO |
|--|-----|----|
| Is it okay to identify ourselves when calling? | | |
| Is it okay to leave a voicemail? | | |
| Is it okay to text? | | |
| Is it okay to email? | | |

Please advise the best number and times to contact you.

Please note: Shetland Rape Crisis current working hours are Monday to Thursday 9am – 1.30pm.

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| Please tell us what support you feel you need at this time? | |
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| Is there any other information you want to share at this time? | |
|---|--|

Please note: Shetland Rape Crisis cannot support perpetrators of sexual violence, intimate partner abuse, domestic abuse or gender-based violence.

However, if you are both a perpetrator and a survivor there is help available to you. Let us know above if this applies to you and we will help you with an onward referral for support.

Declaration

Upon receipt of this signed consent form we will attempt to contact you within 7 working days. If we are unable to make contact with you within three 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 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 by post, marked confidential to:

Shetland Rape Crisis, 11 Hill Lane
Lerwick, Shetland, ZE1 OHA

If you have any questions about this form or the support, we provide please contact us on: **01595 747 174** to discuss further.