



Market House
14 Market Street
Lerwick
Shetland
ZE1 0JP

Tel No: 01595 745078

Tel No: 07570062362

E - Linda.Gray@shetland.org

W - www.shetlandrapecrisis.scot

Support Referral Form

This form should be completed with the full agreement of the survivor/family member or support person wishing to access Shetland Rape Crisis.

To ensure confidentiality please do not send any additional paperwork with this referral form.

AGENCY CONTACT DETAILS

Referrer: _____

Organisation: _____

Telephone No: _____

Email: _____

SURVIVORS/FAMILY MEMBER/SUPPORT PERSON CONTACT DETAILS

Name: _____

Home Tel. No: _____

Mobile No: _____

Other No: _____

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

Please advise best number and times to contact you (NB: Shetland Rape Crisis operating hours are Monday's 9am – 9pm, Tuesday's & Thursday's 9am – 5pm).



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At Shetland Rape Crisis we offer the following support for anyone aged 13 years and over:

- Survivor support to 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 Shetland Islands and can be provided face to face, by phone, text, email or by 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 Shetland Rape Crisis 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 Shetland Rape Crisis at any time in the future.



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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:

Linda Gray
Shetland Rape Crisis
Market House,
14 Market Street
Lerwick,
Shetland
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If you have any questions about this form or the support we provide please contact us on: **01595 745078** to discuss further.

