

Support 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.

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 No: _____

Email: _____

CONTACT DETAILS FOR PERSON REQUIRING SUPPORT

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

Is it okay to email: Yes No

Please advise best number and times to contact you (NB: Shetland Rape Crisis current working hours are Monday, Tuesday, Wednesday & Thursday's 9am – 1.30pm).

At Shetland Rape Crisis 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.



11 Hill Lane, Lerwick,
Shetland, ZE1 0HA
Tel No: 01595 **747 174**
E - contact@shetlandrapecrisis.scot
W - www.shetlandrapecrisis.scot

Our support services are available to anyone in Shetland and can be provided face-to-face, by phone, text, email, or Skype.

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.

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:

Lisa Ward, Service Manager
Shetland Rape Crisis, 11 Hill Lane
Lerwick, Shetland, ZE1 0HA

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

