**Counselling Service Referral Form**

**Support After Rape and Sexual Violence Leeds (SARSVL)**

**Name**

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| First name: Surname:  Preferred name (if different from above):  Date of birth: |

*Please tick boxes as appropriate, as well as completing requested information.*

**Contact Details**

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| Contact number:  Can we call you on this number?  🞏 Yes  🞏 No  Can we text you on this number?  🞏 Yes  🞏 No  Can we leave messages on this number?  🞏 Yes  🞏 No  Home address and postcode:  Can we write to you at this home address?  🞏 Yes  🞏 No  E-mail address:  Can we write to you at this e-mail address?  🞏 Yes  🞏 No  Please let us know how you would prefer us to make contact with you:  *Tick all that apply*  🞏 Letter  🞏 Telephone  🞏 E-mail |

**Referral to the Counselling Service**

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| Please state who referred you for counselling:  🞏 Myself  🞏 SARSVL Worker  🞏 Other – Please specify name and contact details:  Do you agree to the referral being made?  🞏 Yes  🞏 No – please state why not:  Individual and group counselling is available. Please tick to show which you would prefer:  🞏 Individual counselling  🞏 Group counselling |

**Please could you state why you want to receive counselling, and why now?**

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**Previous Counselling**

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| Have you previously received counselling/psychotherapy/psychological therapy, at any point?  🞏 Yes  🞏 No |

**Additional Support Required**

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| 🞏 I require an interpreter for any Counselling appointments I may have.  Please state the language(s) you would find easiest to speak in:  🞏 I have a physical disability which means I require practical adjustments to access the Counselling Service.  Please state what you need to access the Service:  *SARSVL is on the third floor of a building in Leeds city centre, and there is a lift available to use.* |

**Health and Wellbeing**

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| Do you have any difficulties in managing daily life, because of your physical health?  🞏 Yes – please specify:  🞏 No  Do you have any difficulties in managing daily life, because of your feelings/how you feel?  🞏 Yes – please specify:  🞏 No  Are you currently taking any medication?  🞏 Yes – please specify:  🞏 No  Do you have a diagnosis for any health problems?  🞏 Yes – please specify diagnoses and when you were diagnosed:  🞏 No  If you have received any diagnoses, do you agree with them?  🞏 Yes  🞏 No |

**Professionals in your Support Network**

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| Please provide details of your GP, if you have one:  GP Name:  Name of GP Practice:  Contact number:  *Your GP will only be contacted if you are at severe and immediate risk to yourself and/or others, and we will advise you that we are contacting them in advance of doing so wherever possible.*  Do you have any other professionals or organisations involved in supporting you?  🞏 Yes  🞏 No  🞏 I do not wish to inform you of other professionals in my support network.  *(Continued)*  If you do have other professionals supporting you, please could you specify…  1) Name of professional:  Job title:  Organisation where you see them:  Contact details:  2) Name of professional:  Job title:  Organisation where you see them:  Contact details:  3) Name of professional:  Job title:  Organisation where you see them:  Contact details:  4) Name of professional:  Job title:  Organisation where you see them:  Contact details: |

**Contact with Criminal Justice System and/or Police**

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| *SARSVL is regretfully unable to offer counselling to women who are currently engaged in the Criminal Justice System in relation to their experiences of sexual violence. This includes a report you have made to the Police currently being investigated, an upcoming or current trial, etc.*  *You are welcome to refer yourself once a trial and any contact with the criminal justice system has ended, and if you have never reported to the Police.*  Have you reported any incidences of sexual violence to the Police?  🞏 Yes  🞏 No  Are you currently involved in the Criminal Justice System?  🞏 Yes  🞏 No |

**Questions you might have**

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| Once we receive this referral, would you like us to contact you to provide further information on the Counselling Service?  🞏 Yes  🞏 No  If you would like further information, please let us know the best way to contact you:  🞏 Letter  🞏 Telephone  🞏 E-mail  🞏 Text |

*Thank you for completing this form.*

*Internal Use Only*

Form received by Counselling Service by:

🞏 Letter

🞏 Telephone

🞏 E-mail

🞏 Face-to-face/on SARSVL premises

Date form first received:

The following information is used to capture the diversity of our Service users, and helps us to better deliver our Service in line with who you are. You are not required to complete the form in full, if at all.

🞏 I do not wish to provide this information.

🞏 I would prefer to provide this information during an assessment with a Counsellor.

**Gender** (*Please tick)*

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| *SARSVL’s Counselling Service is open to all kinds of women, including (but not limited to) women who identify as: female, transgender, intersex, genderfluid, genderneutral, agender and non-binary.*  Do you identify as female?  🞏 Yes  🞏 No  If you do not identify as female, please could you specify how you identify?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given the above, I have the following ‘preferred pronouns’ (the words people use to refer to me, when my name is not being used):  🞏 I prefer to have ‘she’, ‘her’, ‘they’ and ‘them’ used to refer to me, when my name is not used.  🞏 I prefer to have other pronouns used to refer to me, when my name is not used.  Please state your preferred pronouns: |

**Sexuality** *(Please tick)*

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| 🞏 Straight/heterosexual (female attracted to males)  🞏 Gay/lesbian (female attracted to females)  🞏 Bisexual (attracted to females and males)  🞏 Polyamorous (engaged in multiple relationships simultaneously, with any type of gender/person)  🞏 Asexual (not sexually attracted to others)  🞏 Other – please state: |

**Ethnicity** *(Please state)*

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**Relationship Status** *(Please tick)*

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| 🞏 Single (not in a relationship)  🞏 In a relationship, but not living with partner/partners  🞏 Co-habiting (living with partner or partners)  🞏 Married/civil partnership  🞏 Divorced  🞏 Other – please state: |

**Employment Status** *(Please tick)*

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| Are you currently in employment?  🞏 Yes  Please state occupation/job role:  🞏 No  Please state last time you were in employment:  Are you currently unable to work because of your health/how you feel?  🞏 Yes  🞏 No  Are there other reasons why you are not currently employed?  🞏 No  🞏 Yes  Please state reasons: |

**Disability**

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| Do you consider yourself to have a disability?  🞏 Yes  🞏 No  If ‘Yes’, is this disability…  🞏 Physical  🞏 Psychological/mental |

**Accessing a Women-Centred Service**

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| Do you now require a women-centred Counselling Service because of…  🞏 Personal experience  🞏 Faith reasons  🞏 Cultural reasons  🞏 Other – please specify:  How did you find out about SARSVL?  Please state: |

*Thank you for completing this form.*

Completed forms can be sent:

By post: PO BOX 827 Leeds LS1 9PN

By e-mail: [counselling@sarsvl.org.uk](mailto:counselling@sarsvl.org.uk)

If you would like a paper or electronic copy of this form, please contact us:

By telephone: 0113 200 2936

By e-mail: counselling@sarsvl.org.uk