SARSVL can provide a safe space for you to talk about how rape or sexual violence has affected you and we can help you to explore your options. We offer a specialist Counselling service; advocacy and court support through our ISVA service; and emotional support by phone, text or email through our Helpline service.

For ISVA and Counselling referrals please complete all relevant sections of the form as fully as you can. When we have received a completed referral form we will be in touch with details of next steps. Please make sure your preferred contact details are correct.

You do not need to complete a referral form to access the Helpline Services; please check www.supportafterrapeleeds.org.uk for up to date opening times.

SARSVL uses the information you give us for monitoring and reporting purposes. We keep your information securely stored in our office and; we do not share information with anyone else unless we are concerned about a safeguarding issue such as risk to you and/or others or risk to a child.

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| DO YOU CONSENT TO SARSVL HOLDING INFORMATION ABOUT YOU AND CONTACTING YOU REGARDING THIS REFERRAL? | | | | | | | | | | | YES/NO | |
| Do you consent to SARSVL to process the information provided anonymously and in strict confidence for monitoring and for application for FUNDING? | | | | | | | | | | | YES/NO | |
| If we haven’t heard anything from you for 6 months after we offered you the first appointment your personal details will be deleted. | | | | | | | | | | |  | |
| NAME: | | | | | DATE OF REFERRAL: | | | | | | | |
| CONTACT NO:  Alternative no. if phone seized by police: | | | | | | Ok to leave voicemail | YES | | NO | | | |
| OK to text | YES | | NO | | | |
| ADDRESS :  POSTCODE: | | | | | | | | | | | | |
| DATE OF BIRTH: | | | | | EMAIL: | | | | | | | |
| OK to send letters to home address | | YES | NO | | OK to send email | | | YES | | | | NO |
| OK to send letters with SARSVL logo | | YES | NO | | NUMBER OF DEPENDANTS (under 18): | | | | | | | |
| ALTERNATIVE SAFE CONTACT DETAILS: | | | | | | | | | | | | |
| LANGUAGE: |  | | | INTERPRETER REQUIRED | | | | YES | | NO | | |
| NAME AND ADDRESS OF GP PRACTICE:  TELEPHONE NUMBER: | | | | | | | | | | | | |
| DO YOU HAVE A PHYSICAL DISABILITY OR NEED ANY PRACTICAL ADJUSTMENTS MAKING SO YOU CAN ACCESS SARSVL SERVICES? (If so please give details) | | | | | | | | | | | | |
| WHAT DAY/TIME BEST FOR US TO CONTACT YOU? (We are open Monday-Thursday 9am-5pm) | | | | | | | | | | | | |
| PLEASE TELL US WHY YOU WOULD LIKE TO ACCESS SUPPORT NOW AND WHAT SUPPORT YOU WOULD LIKE FROM US | | | | | | | | | | | | |

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| PLEASE SPECIFY WHICH SERVICE YOU ARE REFERRING YOURSELF TO  **ISVA Service** – specialist information and advocacy support for women who have reported to the police or are considering reporting to the police YES/NO  **Counselling Service** – for women who have experienced sexual violence of any kind and any point in their lives; you do not need to have reported to the police to access counselling with SARSVL YES/NO  **Helpline Service** – for women who want emotional support (not counselling) by telephone, text and email; you can access this support without completing a referral form  *\*please check www.supportafterrapeleeds.org.uk for up to date opening times\** |

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| PLEASE SPECIFY WHAT TYPE OF COUNSELLING YOU WOULD LIKE:  We offer Wellbeing and Self-Care work for either 4 or 8 sessions for women who are not ready to talk about what has happened to them, but want to address its impact to improve their ability to function on a daily basis. They are also available for women who are in the criminal justice system (have reported to the Police, and/or have a case underway).  The 20 sessions of counselling are for women who are ready and able to explore what has happened to them. Group counselling is an opportunity for women to work with other women who have had similar experiences. These options are not available for women in the criminal justice system.   |  |  |  |  | | --- | --- | --- | --- | | 4 FORTNIGHTLY SESSIONS - WELLBEING PROGRAMME | YES/NO | 8 WEEKLY SESSIONS -SELF CARE SESSIONS | YES/NO | | 20 SESSIONS OF COUNSELLING | YES/NO | SELF CARE GROUP SESSIONS | YES/NO | | I WOULD LIKE TO DISCUSS MY OPTIONS WITH A COUNSELLOR DURING AN ASSESSMENT | | | YES/NO | | PLEASE TELL US WHY YOU WOULD LIKE TO RECEIVE COUNSELLING? | | |  | |

**MONITORING INFORMATION:**

SARSVL use the information gathered in this section to capture the diversity of our service users and help us to better deliver our services in line with who you are. We also use this information to report back to our funders anonymously on the women who access our services. We do not share your personal information with any of our funders.

You do not need to complete this section if you do not wish to.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DO YOU IDENTIFY AS FEMALE: | | |  | | | | |
| DISABILITY: | | | | | | | |
| Mental Health | Physical Disability | | | | Mobility Physical | | Speech Impairment |
| Blind/Visual Impairment | Deaf/Hearing Impairment | | | | Learning Difficulty | | Long Term Illness |
| Prefer not to say | Other | | | | None | |  |
| ETHNICITY (*Please state*): | | SEXUALITY (*Please state*): | | | | RELIGION(*Please state*): | |
| RELATIONSHIP STATUS *(please state)*: | | | | EMPLOYMENT STATUS*(please state)*: | | | |
| HOW DID YOU FIND OUT ABOUT SARSVL? | | | | | | | |

**For Office Use Only**

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| --- | --- | --- | --- |
| Date and time of contact: | Duration of contact: | Name of worker taking referral: | Contact via phone / email etc.? |
| Date added to DPMS: | Added by: | Client codes: |  |