**External Agency Referral Form - Counselling**

Our Specialist Counselling service at SARSVL is confidential, free and independent from the police or statutory bodies. The Counselling service offers a holistic approach to recovery and provides a variety of counselling options and therapeutic services in a women-only safe space, to women over the age of 18 who have experienced any form of sexual violence, at any time in their lives. For more information visit [supportafterrapeleeds.org.uk/services/counselling](http://supportafterrapeleeds.org.uk/services/counselling/).

SARSVL uses the information you give us for monitoring and reporting purposes. We keep your information securely stored in our office and in online Data Performance Management System (DPMS). We do not share information with anyone else unless we are concerned about a safeguarding issue such as risk to the client and/or others or risk to a child. SARSVL will keep this information for 7 years after the client has stopped using the service after that time the information will be destroyed confidentially.

Please complete all sections of this referral form and return it to [counselling@sarsvl.org.uk](mailto:counselling@sarsvl.org.uk).

**REFERRAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the client consent to the information provided in this referral being held by SARSVL for 7 years after she has stopped using the service? | | | | | **YES/NO** | | |
| Does the client consent for SARSVL to process the information provided anonymously and in strict confidence for monitoring and for applications for funding? | | | | | **YES/NO** | | |
| Referring service: | | | Referrer name: | | | | |
| Referrer contact number: | | | Referral date: | | | | |
| Client’s name: | | | Date of birth: | | | | |
| Client’s contact no: | | | Ok for voicemail? | YES | | NO | |
| Client’s address:  Postcode: | | | Ok to send letters to address? | YES | | NO | |
| Ok to send letters with SARSVL logo? | YES | | NO | |
| Client’s email: | | | Ok to email? | YES | | NO | |
| Interpreter required? | YES | NO | If yes, please specify which language: | | | | |
| Name and address of GP practice:  GP phone number: | | | | | | | |
| Please tell us why the client would like to access support now from our specialist sexual violence counselling service: | | | | | | | |
|  | | | | | | | |
| Is the client currently accessing support from another agency? If yes, please provide details below: | | | | | | | **YES/NO** |
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| **COUNSELLING**  We offer 8 Short Term therapy sessions for women who want to address the impact of sexual abuse to improve their ability to function on a daily basis.  Our Pre-Trial therapy is available for women who are in the criminal justice system. This includes a report being made, a case currently being investigated, an upcoming trial or a trial that is underway. Please let us know below if this is the case for this client.  The 20 sessions of Counselling is for women who are ready and able to explore what has happened to them.  Online Counselling is appropriate for women who are unable to physically attend sessions at our Counselling centre. To access online counselling you will need access to the internet and a private space in your home  For more information about our Counselling services visit [supportafterrapeleeds.org.uk/services/counselling/](http://supportafterrapeleeds.org.uk/services/counselling/) | | | |
| 20 sessions of Counselling | **YES/NO** | 8 sessions of short-term counselling | **YES/NO** |
| Online Counselling | **YES/NO** | 8 sessions of pre-trial therapy | **YES/NO** |
| *All our Counsellors work from the Empowerment model, but for 20 sessions of Counselling we have different specialist therapists who additionally use other modalities such as Art Therapy, CBT, and other methods. If you would like to access Art Therapy please let us know here:* | | | |

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| **Monitoring Information**  We have to provide certain information anonymously for our funders. Could you please fill in the monitoring information for the client below. We do not share personal information with any of our funders. | | |
| **Do you identify as a woman:** | **Sexuality:** | **Religion:** |
| **Ethnicity:** | **Relationship status:** | **Employment status:** |
| **Do you have a disability?** | **What is your disability?** | **What support are you currently receiving, if any?** |
| **Mental health?** | *e.g. depression* |  |
| **Physical disability?** | *e.g. hearing impairment* |  |
| **Learning difficulty?** | *e.g. dyslexia* |  |
| **Long term illness?** | *e.g. epilepsy* |  |
| **How did you find out about SARSVL?** | | |