**SARSVL Counselling Self-Referral Form**

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 http://supportafterrapeleeds.org.uk/services/counselling

To refer yourself for Counselling please complete all sections of this form. 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 and that you provide your GP details. We will not be contacting your GP without your consent, unless you ask us to or there is a serious risk to your life.

SARSVL uses the information you give us for contacting you and 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 processing the information provided anonymously and in strict confidence for monitoring purposes and for funding applications?  | **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 number: | Ok to leave voicemail? | **YES** | **NO** |
| Address :Postcode: | Ok to send letters to home address? | **YES** | **NO** |
| Ok to send letters with SARSVL logo? | **YES** | **NO** |
| Email address: | Ok to send email? | **YES** | **NO** |
| Date of Birth: |
| Interpreter required?  | **YES/NO** | If yes, please specify which language: |
| Name and address of GP practice:GP phone number: |
| Please tell us why you would like to access support now from our specialist sexual violence counselling service: |
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| Are you currently accessing support from another agency? If yes, please provide details below: | **YES/NO** |
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| **Counselling Services Available at SARSVL** 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 <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 below. We do not share your 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?**  |

**Please send this completed referral to** **counselling@sarsvl.org.uk** **or to SARSVL Counselling, PO Box 827, Leeds, LS1 9PN.**