

Please note that you can submit this form by post or email. If submitting by email we cannot guarantee that we have received the referral. Please ensure that you request a received receipt.  
**If you have not had an acknowledgement within 4 days please contact us on 01728 626290 ext. 1**

### Support Service Referral Form

To ensure confidentiality, please do not send any details other than those requested below  
**\*Please ensure that DOB/Age field are completed as these may determine which support service responds to the referral\***

<b>Name Of Referrer</b>		<b>Contact Number</b>	
<b>Email</b>			
<b>Agency</b>			
<b>Address</b>			
<b>Survivor Details</b>			
<b>Name</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Date of Birth</b>		<b>Age</b>	
<b>Home Number</b>		<b>Mobile Number</b>	
<b>Email</b>			
<b>Is it ok to leave a message?</b>	Yes	No	
<b>Can we identify ourselves as RASAC P&amp;K?</b>	Yes	No	
<b>Safe to text?</b>	Yes	No	



**HELPLINE 01738 630965**  
**EVENINGS National Helpline 08088 01 03 02**  
**Every day 6pm to midnight**  
**Women Only Drop In Clinic - Tuesdays 12:00 to 14:00**  
**Registered Scottish Charity SC037982/Company Limited by Guarantee Number SC389959**



Parent/Supporter Details						
(Not required for referral to progress – only to be completed if survivor wishes to include this information)						
Name						
Relationship						
Home Number			Mobile Number			
Is it ok to leave a message?	Yes			No		
Service requested	One to One	Email	Letter	Group	Phone	Advocacy (Reporting/ Justice System)
Best time to access support						
Are there issues we should be aware of? (Such as requires wheelchair access, translator etc.)						
In the event of us having difficulties in contacting you to organise an initial meeting or session do you give your consent to us to contact the...?						
Referrer	Yes / No	Partner/Parent/Supporter			Yes / No	
(Please note you can withdraw this consent to liaise at any point )						
I have given my consent for this referral to be made on my behalf						
Signed(Survivor)			Date			
Signed (Worker)			Date			

