CRCC Counselling

Self-referral form

If there is anything you don’t feel comfortable telling us feel free to skip the question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | |
| Full Name: | | Date of referral: | | | |
| **When did you attend the Elms?** | | | |
| **Please tell us how you would like us to contact you to make an appointment** | | | | | |
| Mobile number: | | Permission to leave voicemail | | | YES |  NO |
| Landline number: | | Permission to send text | | | YES |  NO |
| Email address: | | Permission to send email | | | YES |  NO |
| Address and postcode: | | Permission to write | | | YES |  NO |
| Age: | | DOB: | |
| **When are you available to attend the counselling sessions?** (days and times) | | | | | |
| **Details of the incident(s)** | | | | | |
| Age at time of incident(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The assault(s):  happened once  were multiple incidents by different perpetrators  was long term abuse by one perpetrator  was long term abuse by multiple perpetrators | | | | |
| Has the incident been reported to the police?  Yes |  No  Is the investigation currently on-going?  Yes |  No |
| Who is/are the perpetrator(s)? (E.g. Friend, Tinder date, father, teacher, etc.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type of incident: (please tick all that apply) | | | | |
| Rape  Sexual assault  Childhood sexual abuse  Exploitation | | Domestic violence  Harassment  Other. Please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Anything else you would like us to know?**  (Mobility issues, mental health problems, specific concerns, etc.) | | | | | |
|  | | | | | |

**Please return the completed form:**

By email to **talking.therapies@nhs.net**

Or by post to: **CRCC, Box R, 12 Mill Road, Cambridge CB1 2AD**

**\*This service is funded by NHS England\***

CRCC Counselling

Equal Opportunity Monitoring Form

Date (MM/YY): /

In order to ensure that we are supporting women and girls from across the community, we need to collect information from the women and girls using our support services for monitoring purposes. We therefore ask you to complete the following form, which will be treated as confidential.

If you would prefer not to answer any of the questions, please feel free to leave them blank.

1. **Where did you hear about CRCC?**
2. **Age**

Please select your age range from the below:

10 and under

11-15

16-17

18-24

25-34

35-44

45-54

55-64

65-74

75+

1. **Disability**

Do you consider yourself to have a disability? (This includes physical or mental health disabilities)

Yes  | No

1. **Ethnicity**

Please select the ethnic group or background which best describes you from the below:

|  |  |
| --- | --- |
| **White**  English / Welsh / Scottish / Northern Irish / British  Irish  Gypsy or Irish Traveller  Any other White background, please specify: | **African / Caribbean / Black / Black British**  Caribbean  African  Any other African / Caribbean / Black background, please specify: |
| **Mixed / multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed / multiple ethnic background, please specify: | **Asian / Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please specify: |
| **Other ethnic group**  Arab  Any other ethnic group, please specify: |  |

1. **Religion or Belief**

Please select your Religion or Belief from the below:

Buddhist

Christian

Hindu

Jew

Muslim

Sikh

Other Religion or Belief, please specify:

No Religion

1. **Gender**

Would you describe yourself as:

Male

Female

Other, please specify:

1. **Gender Identity**

Have you ever identified as a transgender person?

Yes | No

1. **Sexual Orientation**

What is your sexual orientation?

Bisexual

Gay Woman / Lesbian

Heterosexual / Straight

Other, please specify:

1. **Marriage/Civil Partnership Status**

Please select your marriage/civil partnership status from the below:

Married

In a registered same-sex civil partnership

Not married or in a registered same-sex civil partnership

1. **Pregnancy/Maternity**

Please select all that apply:

I am pregnant

I am caring for a child up to 6 months old

I am caring for other children

I have other caring responsibilities

None of the above

**Thank you!**