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 | [ ]  NoIs 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!**