Orkney Rape Crisis, Room 2, Flat 3, Phoenix House, Junction Road, Kirkwall Orkney KW15 1AX

T: 01856 **872298** M: **0770 346 8800** 

E: contact@orkneyrapecrisis.scot W: www.orkneyrapecrisis.scot



## **Support Referral Form**

This form should be completed with the full agreement of the survivor.

To ensure confidentiality please do not send any additional paperwork with this referral form

AGENCY CONTACT DETAILS		
Referrer:		
Organisation:		
Telephone No:		
Email:		
SURVIVORS CONTACT DETAILS		
Name:		
Home Tel. No:		
Mobile No:		
Other No:		
Email:		
Is it okay to identify ourselves when calling: Yes $\square$ No $\square$		
Is it okay to leave a voicemail: Yes $\square$ No $\square$		
Is it okay to text : Yes $\square$ No $\square$		
Please advise best number and times to contact you .		

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At ORC we offer the following support for anyone aged 13 years and over:

- Support for rape or sexual abuse that happened in the past
- Support with recent rape or sexual abuse
- Information

• •	able to anyone and can be provided face to face at a number munity or by phone. Please tell us what support you feel you
Is there any other information	you want to share at this time?
If we are unable to make con we will destroy any information	ensent form ORC will attempt to contact you within 48 hours tact with you within two weeks of receiving this referral form attention regarding your enquiry in accordance with the Data welcome to re-refer to ORC at any time in the future.
I have given my consent for the provided.	is referral to be made on my behalf and agree with the details
Signed:	Date:
Referrer:	
Signed:	Date:
	ou can return this form by post, marked confidential to: m 2, Flat 3, Phoenix House, Junction Road, Kirkwall

Or by secure email to: zelda.bradley@nhs.net

**KW15 1AX** 

If you have any questions about this form or the support we provide please contact us on: **01856 872298** to discuss further.