



Support Referral Form

This form should be completed with the full agreement of the survivor/family member or other person wishing to access support from ORSAS and signed by **them & the referrer**.

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

AGENCY CONTACT DETAILS (if applicable, if self-referral please skip this section)

Referrer:

Organisation:

Telephone No:

Email:

Police Incident/Report No (if applicable):

CONTACT DETAILS FOR PERSON REQUIRING SUPPORT

Name:

Home Tel. No:

Mobile No:

Other No:

Email:

Is it okay to identify ourselves when calling: Yes No

Is it okay to leave a voicemail: Yes No

Is it okay to text : Yes No

Please advise best number and times to contact you (NB: ORSAS operating hours are 9.30am – 4.30pm, Mon – Thurs)

Orkney Rape & Sexual Assault Service (O.R.S.A.S.) SCIO
26 Bridge Street,
Kirkwall
Orkney
KW15 1HR
T: 01856 872298



At ORSAS we offer the following trauma informed support for anyone aged 13 years and over.

- Support for survivors of any form of sexual violence, including rape, sexual assault, sexual abuse, sexual harassment, in person or online, no matter when in their life it happened.
- Advocacy for survivors of sexual violence
- Information & support for survivors, professionals and family/friends/partners

ORSAS have also developed **COMET+**, a tailored prevention programme for young people who are care experienced, those with learning difficulties or other vulnerabilities who may benefit from supported sessions on sex education, sexual health, consent and relationships in a non-judgemental, positive environment. For this service please email: kara.leslie@orsas.scot

Our support services are available to anyone in Orkney and can be provided by phone, text, email or video conferencing **during the current COVID-19 restrictions.**

Please tell us what support you feel you may need at this time:

Is there any other information you want to share at this time:

Upon receipt of this signed consent form ORSAS will attempt to contact you as soon as practicable. If we are unable to make contact with you within two weeks of receiving this referral we will destroy any information regarding your enquiry. You are always welcome to re-refer to ORSAS at any time in the future.

I have given my consent for this referral to be made on my behalf and agree with the details provided.

Signed: _____ Date: _____

Referrer:
Signed: _____ Date: _____

Once signed by both parties, you can return this form by post, marked confidential to:

Zelda Bradley, Service Manager
ORSAS, 26 Bridge Street,
Kirkwall, Orkney KW15 1HR

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

Orkney Rape & Sexual Assault Service (ORSAS) is a Scottish Charitable Incorporated Organisation (SCIO) regulated by the Scottish Charity Regulator (OSCR), Scottish Charity number: SC048371

Amended Mar 2020 in response to COVID-19 restrictions.