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# Support Referral Form (v001)

Office Use: URN

*Please note: We Are Survivors cannot accept incomplete referral forms. As a confidential service, we will only provide confirmation of receipt of referral until consent to share information is confirmed.*

Referral Type:  Route:  Date:

Where did you hear about us?

Please confirm that the individual being referred consents to us holding this confidential data?

Do you require an Interpreter?  If so, what language is required?

## Contact Details

Full Name:  DOB:

Address:

City:  Postcode:

Email:  Mobile:

Please indicate agreed method(s) of contact:

Post	Email	Text	WhatsApp	Tel	Voicemail
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GP Name	Practice / Surgery	Tel

## Diversity and Inclusion

To ensure we meet the needs of all those wanting our service, we monitor the diversity and uniqueness of all

Gender:  Is your current ID the gender you were assigned at birth?

Preferred Pronouns:  Are you a person seeking asylum/now with refugee status?

Ethnicity:  Sexuality:  Religion:

Do you consider yourself to have a disability?  Comment:

Marital Status:  Parental Status:

Employment Status:

Do you have specific support needs?  Comment:

Have you been in the British Armed Forces?  Is this referral related to your Military service?

## Health & Wellbeing

Do you have a long-term physical health condition (e.g., Heart Condition, COPD, Epilepsy, etc)?

*If yes, please comment below:*

Do you have a mental health diagnosis (e.g., Depression, Anxiety, Personality Disorder, PTSD)?

*If yes, please give brief outline below:*

Are you currently being prescribed any medication that would be useful for us to know about?

*If yes, please give brief outline below:*

Have you accessed now or previously any other mental health service in the UK?

Service Name	Support Provided	Start Date	End Date

Are there any risk factors that we would need to understand to better support you now?

*If yes, please give brief outline below:*

Suicide Risk:

Self-Harm Risk:

Do you feel you now or previously have had issues with drugs (illicit or not) or alcohol (or both)?

*If yes, please give brief outline below:*

Have you now or previously been supported or in-treatment with a Drug & Alcohol Service?



If yes and a current investigation is open, please provide us with the details of the Investigating Officer below:

Named Officer	Location	Tel

Did you ever attend a Sexual Assault Referral Centre for an examination regarding this referral?

Are you currently receiving support from an ISVA (Independent Sexual Violence Advisor)?

If no, would you like to speak to one of our ISVA (Independent Sexual Violence Advisor) team with regards to *Police Reporting, Support for Court?*

Additional Comments:

Please return all **completed** referral forms to:

- **Email:** [support@wearesurvivors.org.uk](mailto:support@wearesurvivors.org.uk)
- **Email:** [support.services@survivorsman.cjism.net](mailto:support.services@survivorsman.cjism.net) (if email address contains .cjism .gov .gsi .gsx or .pnn)
- **Post:** Unit 9 Brewery Yard, Deva City Office Park, Trinity Way, Salford, M3 7BB
- **Telephone:** 0161 236 2182 and the referral will be taken over the phone

Upon receipt, the referral will be processed, and we intend to contact the individual within 3 working days and aim to provide an assessment within 10 – 14 working days after.

Name of Sender:	Tel of Sender:
<b>Organisation:</b>	

WAS Received By:	Date Received:
<b>WAS Date on VIEWS:</b>	