



Registered Office
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Survivor Supporter Referral Form (v002)

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.

Office Use: URN

Referral Type: Self Prof Route: Email Tel Post Date:

****Please Note the Below Section Applies to Self-Referrals Only****

Where did you hear about us?

From first hearing about We Are Survivors, how long did it take you to reach us?

If 'More than a Year' Please Specify:

Consent / Interpreter Requirements

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

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

Contact Details

Full Name: DOB:

Do you currently have a fixed address? If no, please proceed to contact details (Email, Mobile) Y N

Address:

City: Postcode:

Email: Mobile:

Please indicate agreed method(s) of contact:	Post	Email	Text	WhatsApp	Tel	Voicemail

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: M F T Non-Binary Is your current ID the gender you were assigned at birth? Y N D

Preferred Pronouns: Are you a person seeking asylum/who has refugee status?

Ethnicity: Sexuality: Religion:

Do you consider yourself to have a disability? Y N Comment:

Marital Status: Parental Status: N Pregnant Y (not live with) Y (some live with) Y (all live with)

Employment Status:

Do you have specific support needs? Y N Comment:

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

Health & Wellbeing

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

If yes, please state:

Do you consider yourself to be a neurodiverse individual (e.g., Autism, OCD, ADHD)? Y N

If yes, please give brief outline below:

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

If yes, please give brief outline below:

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

If yes, please give brief outline below:

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

Service Name	Support Provided	Start Date	End Date

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

If yes, please give brief outline below:

Suicide Risk: 0 1 2 3 4 5 6 7 8 9 10 Self-Harm Risk: 0 1 2 3 4 5 6 7 8 9 10

Have you used drugs (illicit or not) or alcohol (or both)? Y N

Have you ever engaged in the use of drugs as part of a sexual experience? Y N

Did you experience unwanted sexual attention as part of the sexual experience? Y N

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

If yes to above, please give brief outline below:

Have you ever engaged in sex work including online, content creation, porn? Y N

Do you provide adult content now for primary work or a sideline? (share: www.nationaluglymugs.org)

Y	N
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Criminal Justice Engagement

It is important that we understand any engagement in the criminal justice system you have, to ensure we can support you in the best possible way and ensure that we do not compromise any investigation or defence.

Have you ever served a custodial sentence, been on remand or currently under investigation?

Y	N
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If yes, please comment below:

Are you part of the governments early release scheme (SDS40)?

Y	N
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Are you currently under the supervision of National Probation Service or Offender Management?

Y	N
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Probation Officer	Office Location	Tel

Referral Information

We recognise that it is often difficult for people talking about abuse that has happened to someone you care about, particularly when reaching out for help. It is not our intention to cause you distress, we just need to gather a brief overview of the reason you are referring to our service in order for us to provide you with the best support we can.

In order for us to better understand the reason for your referral, please give brief outline in the box below:

Please note: We do not require intimate details, just a brief summary

Please outline the type of support you require below:

Therapy	Group	Both Therapy and Group
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Is the individual you're connected to accessing support from ourselves at present?

Y	N
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Has the individual you're connected to accessed support from ourselves previously?

Y	N
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Additional Comments:

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

- **Email:** support@wearesurvivors.org.uk
- **Email:** support.services@wearesurvivors.cjcm.net (if email address contains .cjcm .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:
Organisation:	

WAS Received By:	Date Received:
WAS Date on VIEWS:	