PRIVATE AND CONFIDENTIAL

SELF REFERRAL FORM

TELEPHONE AND ONLINE COUNSELLING

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME | LAST NAME | DATE OF BIRTH | TODAYS DATE |
| ADDRESS  | Is it ok to contact you by post? **Yes/No** |
| EMAIL *(This is Safeline’s preferred method)* | Is it ok to contact you by email? **Yes/No** |
| PHONE NUMBER *(Safeline does not send text messages)* | Is it ok to phone this number? **Yes/No**Is it ok to leave a message? **Yes/No** |
| Do you have any communication needs we should take into account? *(e.g. sight and/or hearing difficulties)* | What is your preferred method of contact? *(Delete as appropriate)***EMAIL / TELEPHONE / POST** |
| Where did you hear about Safeline? | COMPLETED BY (NAME) | Have you previously had counselling with Safeline? **Yes/No** |
| ***\*This service is for people aged 16+ who are survivors of childhood sexual abuse, and for family members, carers and friends who are supporting them. Clients must be resident in England and Wales to access this service.***Please indicate which of the following are relevant to you:I am a survivor of childhood sexual abuse **Yes/No**I am a supporter of someone who has experienced childhood sexual abuse **Yes/No** |
| Do you currently have any other agencies or services involved in your care? |  |
| Assessments for counselling are available Mon – Fri 9am to 4pm. Please state the days and times you would be available for a telephone assessment:  |
| PREFERRED GENDER OF COUNSELLOR | PREFERRED MEDIUM FOR COUNSELLING **PHONE / VIDEO / INSTANT MESSAGING / EMAIL** |
| *ADDITIONAL INFORMATION FOR FUNDING PURPOSES – if you prefer not to say please leave blank:* |
| *GENDER IDENTITY:* | *SEXUAL IDENTITY:* | *ETHNICITY:* |

*By submitting this form, you are giving consent to Safeline to store and process your personal information in the line with the General Data Protection Regulation (GDPR) 2018.*

PLEASE RETURN TO onlinecounselling@safeline.org.uk or via post to Safeline, 6A New Street, Warwick, CV34 4RX