

Referral form



Moray Rape Crisis provides support to adults, children and young people aged 11 and over who have experienced sexual violence and abuse at any time in their lives.

What support do you want?



Emotional support



Advocacy

(support to report to the police or with the justice process)



Group work



Name:



Telephone number:



Age:

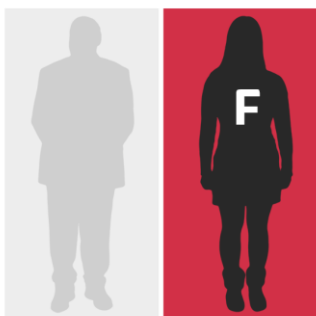


Email:

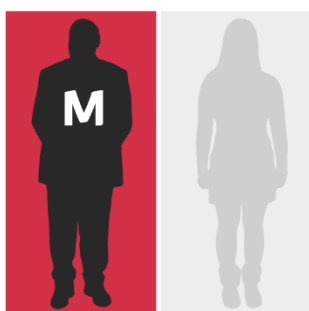


Referral Date:

Are you?



Female



Male



Non- Binary



Other:



Prefer not to say:



Is it safe to telephone you?

Yes

No



Can we telephone you anytime?

Yes

No



Is there any time we should not telephone you?



Is it okay to leave you a voicemail?

Yes

No



Is it okay to send you a text message?

Yes

No



 Please fill in this easy read form

Your name:

Address:

Phone:

Do you need any support with communication?

Yes

No



Tell us what communication support
you need:



Is it safe to say who we are on the
telephone or text?

Yes

No



How do you want us to contact you?

Text



Telephone



Email

Referral Information



Have you contacted us by yourself?

Yes

No

Has someone else referred:



Referrer name:



Agency:



Telephone number:



Email:



Did the sexual assault/rape
happen in the last 7 days?

Yes

No



Has the person given consent to the referral?

Yes

No



Are there any safety or risks that we need to know about?

Reason for referral / More information



Return this form to:

contact@morayrapeccrisis.scot



If you want to fill in the form over
the telephone

Telephone: 01343 550407