

CRCC ID:

CAMBRIDGE RAPE CRISIS CENTRE - SELF REFERRAL FORM

If there is anything you don't feel comfortable telling us feel free to skip the question.

Your details	
Full Name:	Date of referral: Is this your first referral to the service? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please tell us how you would like us to contact you to make an appointment	
Mobile number:	Permission to leave voicemail <input type="checkbox"/> YES <input type="checkbox"/> NO
Landline number:	Permission to send text <input type="checkbox"/> YES <input type="checkbox"/> NO
Email address:	Permission to send email <input type="checkbox"/> YES <input type="checkbox"/> NO
Address and postcode:	Permission to write <input type="checkbox"/> YES <input type="checkbox"/> NO
	Age: <input style="width: 100px;" type="text"/> DOB: <input style="width: 100px;" type="text"/>
When are you available to attend the counselling sessions? (days and times)	
<p>We offer currently offer counselling in Cambridge and Ely. Please order the counselling locations in order of preference:</p> <p style="text-align: center;">Preference 1: <input style="width: 150px;" type="text"/> Preference 2: <input style="width: 150px;" type="text"/></p> <p><u>Please note:</u> Counselling is available in Peterborough and Wisbech from Peterborough Rape Crisis – they can be contacted on 01733 225937 or admin@prccg.org.uk</p>	
Details of the incident(s)	
Age at time of incident(s):	The assault(s) was(were): <input style="width: 150px;" type="text"/> Please Select
Relationship: (please tick all that apply) <input type="checkbox"/> Partner <input type="checkbox"/> Friend <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Acquaintance <input type="checkbox"/> Father <input type="checkbox"/> Stranger <input type="checkbox"/> Step-Father <input type="checkbox"/> Other (please state) <input type="checkbox"/> Other family member	Type of incident: (please tick all that apply) <input type="checkbox"/> Rape / sexual violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Childhood sexual abuse <input type="checkbox"/> Harassment <input type="checkbox"/> Exploitation <input type="checkbox"/> Other (please state)
Anything else you would like us to know? (Please include any details of mobility issues where relevant)	

Please return the completed form:
 By email to counselling@cambridgerapecrisis.org.uk
 Or by post to: CRCC, Box R, 12 Mill Road, Cambridge CB1 2AD