

Support For Survivors

A Registered Charity supporting Male & Female
SURVIVORS of Childhood Sexual/Physical/
Psychological/Incest Abuse & Rape

YOU ARE NOT ALONE

REFERRAL FORM & PROCESS

Please read this information, and if you or your specialist decide that you would like to be referred, or self-refer to Support for Survivors, simply fill in the form attached, and post or Email back to.

Davidnrobinsons4s@gmail.com marilynlanes4s@gmail.com

David:- 0796 429 7443 Marilyn: - 0754 115 5288 Office: 0115 962 2722

What will happen once I have been referred or refer myself?

As soon as we have received your referral, we will contact you or your named specialist/support worker etc., with further information about our services. Your first appointment will be an hour long, where we can meet face to face, and so that you can also be familiar with our, and your surroundings, and safe space, where we can have a cupper, and chat to you about our services, and how we may be able to help and support you.

A further appointment will be made for your assessment, this will be approximately one and a half hours, at any stage you will be able to come along with a family member, friend or your support worker.

We want to make you feel safe, our Charity was created by a Survivor for Survivors, all our services and development programs are Peer Led by lived experience.

You Are No Longer Alone

• A time to listen • A time to share • A time to heal •

Support for Survivors, The Sherwood Community Centre

Woodthorpe House, Mansfield Road, Sherwood, Nottingham, NG5 3FN

Registered Charity Number 1165986

www.supportforsurvivors.org Tel: 0115 911 1661

info@selfhelp.org.uk

www.selfhelp.org.uk/nottinghamshire

Support for Survivors – Nottingham/Nottinghamshire

To actively reduce the distress of victims/survivors **aged 18 years plus** **suffering non recent** sexual, emotional, physical Incest Abuse, or Rape in childhood. Including sexual trafficking.

Support for Survivors, Charity, provides support to those whose childhood experience of abuse has had an Impact, or will have had a damaging effect on one's achievement and potential as adults.

We empower male and female victims/survivors of abuse to reach their potential through **Personal Development programs, Peer led One to One support, Group Therapy, Family Mediation, Outreach Support & Intervention, Telephone Support, Chaperone & Advocacy support with Police Intervention, Crown or Civil Court, Welfare & Housing, Benefits, Hospital, GP, Dentist, Mental Health Intervention & Support, Wellbeing & Wellness Plans, Education, Befriending, Volunteering, Peer Training.**

All engagement has a strong focus on positive mental attitude for 'The Empowerment' recovery and wellbeing of the victim/survivor.

Mr./Mrs./Ms./Miss..... Gender.....

Sexual Orientation.....

First Name..... Middle Name.....

Surname.....

Ethnicity..... Date of Birth.....

Address.....

.....

Postal Code.....

Tele Number Home.....Mobile.....

E/Mail address.....

Marital Stats (Please circle)

Single/Married/Co-Habiting/Separated/Divorced/Widowed

Disability or Communication Issues; Yes/No.....

G.P Name

GP Practice Address:

.....
.....
.....

G.P. Practice Telephone number

N.H.S. Number

Referral by Self; Yes/No Date: -

Referral Agency

.....

Tele Number..... Mobile.....

Contact Name..... Position/Title.....

Are there any Risk's we need to be aware of Yes/No?

What concerns do you think we need to be aware of if any? / Notes

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Did you suffer from ?

- Sexual Physical Emotional
- Incest Neglect Financial
- Rape Trafficking

- Domestic Abuse & Violence Yes No

Did you suffer institutional abuse in your childhood, what type of abuse

did you suffer ? Sexual Yes No Physical Yes No Emotional Yes No

Or were you exposed in any way Yes No

If you were exposed what were you exposed to ?

.....
.....
.....

Did you suffer abuse whilst in foster care ? was this Sexual Yes No

Physical Yes No Emotional Yes No

Or were you exposed in any way Yes No

If you were exposed, what were you exposed to ?

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.....

Referral Taken S4S staff name

Date

Consent for Information Sharing & Information Storage

The General Data Protection Act gives new rights to Individuals regarding the personal Information held about them in either electronic or paper format. In accordance with **GDPA ‘Support for Survivors’** has to register with the **‘Information Commissioner’** the purpose(s) for which our Information is processed. All systems run by **‘Support for Survivors’** has to be registered including Access databases.

There is also strong Legal Protection for more sensitive Information, such as.

- 1. Ethnic background**
- 2. Political opinions**
- 3. Religious beliefs**
- 4. Health**
- 5. Sexual health**
- 6. Sexual Orientation**
- 7. Disabilities**
- 8. Criminal records.**

I understand the Information recorded in this form. I know it will be used to provide services to me and may be stored electronically & with my consent.

A copy will be held securely with **‘Support for Survivors’**, and may be used for monitoring purposes, where all identifying information will be removed.

The reasons for Information sharing have been explained to me and I understand these reasons. I agree to the sharing Of Information between the services that will contribute to the assessment for and delivery of an agreed plan of work.

Signed.....

Print Name.....

Date.....