MORAY Rape Crisis
SEXUAL ABUSE & TRAUMA SERVICE

Referral information:

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

Referral Need: Please highlight service(s) required

Support	☐	Support in Polish	☐
Advocacy (support to report to the police or with the justice process)	☐	Support for people with a learning disability or learning need	☐
Group Work	☐		

Referral Date:	
Client Name:	
Preferred Tel. No:	
Date of Birth:	
Address:	
E-Mail:	
Gender:	**Female (including trans women)** ☐ **Male (including trans men)** ☐ **Non-binary** ☐ **Other** ☐ **If you describe your gender with another term, please provide this here**_____ **Prefer not to say** ☐

Please return completed forms to: contact@morayrapecrisis.scot

Call 01343 550407 to complete a referral form over the phone

Safe to Call?	Yes ☐	No ☐
Call Anytime?	Yes ☐	No ☐
Restrictions to Call? E.g. mornings only, after 4pm, etc.		
Leave Voicemail?	Yes ☐	No ☐
Send text?	Yes ☐	No ☐
Safe to identify caller over call or text?	Yes ☐	No ☐
Preferred way of being contacted? Text ☐ Phone ☐ Email ☐		
Any interpretation, communication, or accessibility needs?	If yes, please give more information:	

Referral Details

Self-Referral:	Yes ☐	No ☐
Referrer Name:		
Agency if applicable:		
Tel. No:		
Email:		
Does referral relate to a rape or sexual assault within the past 7 days?		Yes ☐ No ☐
Client consent: **Has survivor consented to referral being made?**		Yes ☐ No ☐
Are there any safety or risk issues it is helpful for us to know about?		

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Reason for Referral / Additional Information

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