

**Doncaster domestic abuse survivor self-referral form**

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| **Where did they hear about us?** |  |
| **Date of referral:** |  |
| **REFERRAL DETAILS** | |
| **Survivor Details:** | Name:  DOB: Age:  Address:  Telephone Number:  Email address: |
| **Preferred method of communication:** | Telephone Call  Zoom  Text  Teams  Email |
| **Emergency contact details (please add family/friend so we can ensure you are safe if we cannot reach you):** |  |
| **Gender**  *Please tick* | |  | | --- | | Female  Male  Non-binary | | Other  Prefer not to say | |
| **Sexual Orientation**  *Please tick* | Bisexual  Gay / Lesbian  Heterosexual / Straight  Other  Prefer not to say |
| **Do you have a transgender history?** | Yes  No |
| **Do you have a disability?** |  |
| **Do you need additional help to communicate virtually?**  Survivor support will be provided remotely via phone, email, text and/or Microsoft Teams/Zoom. Do you need any help with this? |  |

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| **Please tell us briefly what support you are looking for?** (E.g. someone to talk to about your experience, help with improving how you feel, friendship, etc.) Don’t worry if you do not know what you are looking for just yet – we can work through that together. |

**Please email this form to:** [**dahub@doncaster.gov.uk**](mailto:dahub@doncaster.gov.uk)