

**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* |

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| Female [ ]  Male [ ]  Non-binary [ ]  |
| Other [ ]  Prefer not to say [ ]   |

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| **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**