

***PLEASE COMPLETE THE FORM AND WE WILL CONTACT YOU TO ARRANGE AN ASSESSMENT APPOINTMENT, WHICH CAN TAKE UP TO A FEW WEEKS, DEPENDING ON THE CURRENT WAITING LIST – THANK YOU.***

**Please note this referral form is for staff only. If you are a woman 18 and over wanting to refer yourself to GMRC please call 0161 273 4591 or email** **help@manchesterrapecrisis.co.uk**

**Email: help@manchesterrapecrisis.co.uk**

**Tel:** 0161 273 4591

**Staff Counselling Referral Form**

**SELF REFERRAL DETAILS**

|  |  |
| --- | --- |
| **Name:** **Address:**  | **DoB:**  |
| **Spoken Language:** |
| **Contact phone number****Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email:** |
| **How would you prefer to be contacted?****Phone Email Post** | **Which Rape Crisis Centre do you work for?** |

|  |  |  |
| --- | --- | --- |
|  | **Name and address of GP:** |  |
| **G.P details:** |