**SELF REFERRAL FORM**

No one should go through this alone. We cannot take away what has happened, but we can walk alongside you and provide you with tailored support to help you move forwards. We specialise in supporting families whose child has experienced CSA and families who are the indirect victims of indecent images (IVOII).

Please complete this form as much as you are able to and please don’t worry if you don’t know all the details – this is designed to help someone that wishes to share this information at this stage. We do however need basic contact information and your permission to contact you.

**Your Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | DOB: | | | |
| Address:  Postcode: | | | | | | | | |
| Home Number: | | | OK to leave you a message? | | | Yes | | No |
| Mobile: | | | OK for voicemail or text messages? | | | Yes | | No |
| E-mail: | | | OK to send you email? | | | Yes | | No |
| Preferred contact: | Home phone | Mobile | | E-mail | | | Post | |

**Emergency contact**

|  |  |
| --- | --- |
| Name: | |
| Mobile: | Home Number: |
| Relationship to you: | |

**Details of children, please complete if applicable.**

|  |  |  |  |
| --- | --- | --- | --- |
| How many children do you have? |  | | |
| Please provide details of the child(ren) and identify which child(ren) has suffered the sexual abuse: | | | |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Child’s name: | Age: | Sexually Abused: Yes | No |
| Is the child(ren) currently living with you? | Yes | No |  |
| If ‘No’ to the above question, please provide any relevant details to help us with your support: | | | |

**Details of event(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the event recent (last 3 months)? | Yes | No | Please give approx. month/year date(s): |
| Please provide brief details of the incident/event: | | | |

**Relationship of the offender to yourself**

|  |  |  |  |
| --- | --- | --- | --- |
| Husband | Partner | Ex-partner | Family friend |
| Relative | Acquaintance | Other |  |
| If ‘Other’ please provide details: | | | |

**Additional information**

Have you experienced any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Current | | Past | |
| Mental health issues | Yes | No | Yes | No |
| Learning disabilities | Yes | No | Yes | No |
| Physical disabilities | Yes | No | Yes | No |
| Alcohol misuse | Yes | No | Yes | No |
| Drug misuse | Yes | No | Yes | No |
| Experienced domestic abuse | Yes | No | Yes | No |
| Experienced sexual violence | Yes | No | Yes | No |
| Currently receiving counselling elsewhere or on a waiting list | Yes | No | Yes | No |
| If ‘Yes’ to any of the above, please provide brief details: | | | | |

Please provide details of any other professionals you are currently engaged with or getting support from. This helps us understand how we might fit into your support network. We will check with you first before we contact anyone (the goal is always to offer you the best possible support):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Organisation: |  |
| Contact Tel: |  | Contact e-mail: |  |

|  |
| --- |
| Brief details of the overall family situation (use bullet points if helpful): |

**Your Contribution to Session Costs**

We offer subsidised levels of support to parents and carers. The fairest way to offer this support is means tested based on a household’s general income. We aspire those finances should never be a reason for preventing access to support, so please speak to us in confidence if this would be challenging for you.

Please indicate your household income here:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | **Your Contribution** | |
| **Band** | **Household Income** | **Please indicate with a “X”** | **Trauma Support - 30min** | **Counselling – 50min** |
| A | £0 - £24,999 |  | £5/session | £10/session |
| B | £25,000 - £34,999 |  | £10/session | £15/session |
| C | £35,000 - £39,999 |  | £20/session | £25/session |
| D | £40,000+ |  | £30/session | £40/session |

*These are heavily subsidised rates, if you are able to contribute a higher amount, this would be very welcomed. Please mention this to us when you get in touch.*

**When completed please e-mail to: support@actsfast.org.uk**

**NOTES & INFORMATION**

The 2 main types of support we offer and what to expect:

**Trauma Support – approx. 30min per session**

These sessions are trauma stabilisation sessions, which include emotional support, psychoeducation, and practical support. The goal is to help you cope with what’s happening right now and provide you with some skills for emotional resilience going forwards.

* Trauma support is chargeable on a means tested basis, as with counselling
* There will be discretionary support on a case-by-case basis for those who have no financial means, as an exception.
* Sessions will usually be booked 6 sessions at a time. Clients will then be invoiced in advance of the sessions.
* Cancellations less than 48h in advance will be chargeable, but we will attempt to re-book sessions where possible.

**Counselling – approx. 50min per session**

These sessions are with trained professionals who are trauma informed and are to help equip you for achieving longer term goals and supporting behaviours.

* All counselling is chargeable and usually with a volunteer counsellor (qualified/ or trainee but always with suitable skills for supporting the client).
* There will be discretionary support on a case-by-case basis for those who have no financial means, as an exception.
* Sessions will usually be booked 6 sessions at a time. Clients will then be invoiced in advance of the sessions.
* Cancellations less than 48h in advance will be chargeable, but we will attempt to re-book sessions where possible.
* If you are currently receiving counselling elsewhere or on a waiting list, please let us know. This is to help us understand how our involvement might support you in the best way possible.

Should you have any queries please contact us e-mail to: [support@actsfast.org.uk](mailto:support@actsfast.org.uk)

|  |
| --- |
| **Office use only:**  Date referral received: Date of first contact: |