



# Women's Rape and Sexual Abuse Centre Dundee

## Referral Form

Please ensure that this referral and contact details supplied have been agreed with the service user and will not inadvertently disclose use of the service to a third party.

Please tick here to confirm. [ ]

Referring Organisation: \_\_\_\_\_

Contact details of referrer: \_\_\_\_\_

Referrer's Contact Number: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Clients Name: \_\_\_\_\_

Area: \_\_\_\_\_

Clients Contact - Numbers: Home

Mobile

PERMISSION TO CALL THE CLIENT ON THIS NUMBER (PLEASE CIRCLE)    YES                      NO

PERMISSION TO LEAVE A MESSAGE? (PLEASE CIRCLE)                      YES                      NO

Please state availability for appointment with our agency:  
(E.g. Day/Morning/Afternoon)

We aim to ensure that all women referred are informed of services and we would request that an information leaflet is provided and this form be counter signed by the client.

Worker's signature: \_\_\_\_\_

Client signature: \_\_\_\_\_

**PLEASE ENSURE THE REFERRAL FORM IS SIGNED BY BOTH PARTIES OR IT WILL NOT BE ACCEPTED AND RETURNED TO SENDER.**

Please return this referral by post to:  
WRASAC, Referrals, PO Box 83, Dundee, DD1 4YZ  
or by FAX: 01382 226936