**East London Rape Crisis Service**

**Request for Contact Form**

This form should only be completed, where a woman has consented to her details being passed to East London Rape Crisis Service for contact.

* Please complete the form below with **only** the information requested. ELRC will obtain any further information necessary from the women herself.
* Once completed please send to: rapecrisis@niaendingviolence.org.uk

|  |
| --- |
| **WOMAN’S DETAILS** |
| Name |  | Contact Number  |  |
| Safe to text? |  | Safe to leave voicemail?  |  |
| Is the woman under 18? |  | Age, if under 18 only.  |  |
| Does the woman require language support?  |  | If yes, please indicate which language |  |
| Has the woman given her consent for her details to be passed to East London Rape Crisis service?  |  | Borough  |  |

**REFERRER’S DETAILS**

|  |  |
| --- | --- |
| Name  |  |
| Office base  |  |
| Role  |  |
| Contact Number |  |
| Email |  |
| Date of Request for Contact sent  |  |