**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](mailto: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 |  |