

1 | RASAC SELF REFERRAL FORM

First Name: _____

Last Name: _____ Preferred Name: _____

Address: _____

Postcode _____

Is it safe to post (mail): Yes: _____ No: _____

Landline: _____ Mobile: _____

Is it safe to text or leave a message: Yes: _____ No: _____

Email address: _____

Is it safe to email: Yes: _____ No: _____

Preferred method of contact: _____

Date of birth: _____ Ethnic origin: _____

Religion: _____ Relationship status: _____

Sexual orientation: _____ Gender: _____

Employment status: _____

Do you have a disability: _____

(details) _____

RASAC, 'Westbury' 13, City Road, Winchester,
Hampshire, SO23 8SD.
T. 01962 807037 E rasac@cfirst.org.uk W.
www.rasac.org.uk



2 | RASAC SELF REFERRAL FORM

Counsellor preference

Same
gender: _____

Opposite
Gender: _____

No
preference: _____

Surgery

Name of your GP: _____

Name of
your
surgery: _____

City/Town: _____

Availability

Time availability

(Please indicate): Morning Afternoon Evening

Day availability: Mon Tue Wed

(Please indicate) Thurs Fri

For Office: _____

Date received: _____

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