



The Sandycroft Centre, West Avenue, Redditch, B98 7DH

01527 595 135

[The.eveproject@sandycroft.org](mailto:The.eveproject@sandycroft.org)

## Domestic Abuse Self-Referral Registration Form

Name:

Date of Birth:

Person Filling in Form if Different from Above:

Email:

Address:

Telephone:

Post Code:

**INITIAL CONTACT WILL BE MADE USING YOUR PHONE OR EMAIL, PLEASE STATE IF THERE ARE ANY CONTACT RESTRICTIONS BELOW**

**Please tick all that apply:**

Family members are not aware of contact

Do not write to this postal address

Only contact me on this mobile

Only contact me on this email

**Is English your first language?**

**YES / NO**

**If not, which language do you usually use?**

**Please provide in brief the reason for requesting our services:**

**Health / Medical information that we should know about, this includes medication, existing diagnoses or restrictions to your mobility:**

**Do you have any special needs?**

**YES / NO**

**If yes, please explain:**

**Are there any services or professionals already involved if so, who & why?**

**Any other relevant information we should know:**

**Other household members:**

<b>Name</b>	<b>Age</b>	<b>DOB</b>	<b>Relationship</b>
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**Signed:**

**Printed:**

**Dated:**

## Equal Opportunities Form

The information from this form is used only for statistical reporting.  
No personal information which can identify a client will be shared externally.

Gender		Sexual Orientation		Disability	
Female		Heterosexual / Straight		Physical Impairment	
Male		Gay / Lesbian		Sensory Impairment	
Non-Binary		Bisexual		Mental Health Condition	
Transgender		Other		Learning Need	
Prefer not to say		Prefer not to say		Long-Standing Illness	

Age												
0-15		16-25		26-35		36-45		46-55		56-65		65+

Ethnicity							
White		Mixed		Asian		Black	
British		Black African & White		Bangladeshi		African	
Irish		Black Caribbean & White		Indian		Caribbean	
Northern Irish		White Asian		Pakistani		Other	
Gypsy		White Arab		Chinese		Black European	
Traveller						<b>Other</b>	
Other							

Religion or Belief							
Atheism		Islam		Judaism		Christianity	
Buddhism		Jainism		Hinduism		Sikhism	
Other							