

Ending Violence and Abuse Aberdeen

Email – evaa@weareac.org

Who We Are

Aberdeen Cyrenians gather and process your personal information in accordance with this [privacy notice](#) and in compliance with the relevant data protection regulation and laws. This notice provides you with the necessary information regarding your rights and our obligations, and explains how, why, and when we process your personal data.

We do not share or disclose any of your personal information without your consent, other than for the purposes of specified in our service user privacy notice or where there is a legal obligation to do so.

Aberdeen Cyrenians registered office is at 32 Scotstown Road, Bridge of Don, AB23 8HG and are a company registered in Scotland under company number SC070903. We are registered on the Information Commissioner's Office Register of Data Controllers under registration number Z5986517.

Please complete the referral form below, we understand it can be difficult to express thoughts and feelings.

When we receive your completed referral, a member of the team will be in contact with you on the number and/or email you have provided. We aim to do this within 2 working days.

Thank you

Name	
Date of Birth	
Gender ID	
Preferred pronouns	
Address Postcode	
Phone Number	
Email address	
Preferred contact method	Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>
NI Number <i>or</i> Biometric Card ID	
Nationality	

Are you currently:	
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
DWP	<input type="checkbox"/> Universal Credit <input type="checkbox"/> ESA <input type="checkbox"/> PIP <input type="checkbox"/> ADP <input type="checkbox"/> Pension
No Recourse to Public Funds	
Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care Leaver	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Type	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Private <input type="checkbox"/> Housing Association <input type="checkbox"/> Homeowner
Do you have access to your own bank account	<input type="checkbox"/> Yes <input type="checkbox"/> No

Perpetrator details	
Name	

Date of Birth	
Address	

Others in household	
Name	
Date of Birth	
Gender	
Name	
Date of Birth	
Gender	

Emergency Contact (only used with your consent or where there is a risk to your immediate safety or others)	
Name	
Relationship	
Telephone Number	

Details of circumstances and any identified support required	

Temporary accommodation required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there support in place from any other professionals or agencies e.g. Social Work, other organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please detail below with name and contact details	

If there is any additional information you would like to add to this referral, please use the box below:	

Date	
Your signature	
If this is not a self-referral, please record :	
Referrer's Name	
Relationship to Service User	
Telephone Number	

Email address	
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