Strength for Tomorrow

Email – strength@wearesft.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 ☐ Text ☐ Email ☐
NI Number *or* Biometric Card ID	
Ethnic background	

Are you currently:	
Employed	☐ Yes ☐ No
DWP	☐ Universal Credit ☐ ESA ☐ PIP ☐ ADP ☐ Pension
No Recourse to Public Funds	☐
Student	☐ Yes ☐ No
Veteran	☐ Yes ☐ No
Care Leaver	☐ Yes ☐ No
Housing Type	☐Temporary ☐ Permanent ☐ Private ☐ Housing Association ☐ Homeowner

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

Support needs- please mark any of the boxes that relate to your needs:			
☐ Survivor of Childhood Abuse	☐ Abuse- current risk of harm and abuse of any form	☐ Alcohol Use	☐ Drug Use
☐ Learning Disability	☐ Neurodivergence	☐ Physical Health	☐ Housing
☐ Finance | Budgeting	☐ Literacy	☐ Digital- awareness, learning, access	☐ Offending Behaviour

Please give details of the support needs you have marked, and any other areas not listed:

Do you have support in place from any other professionals or agencies e.g. Social Work, other organisation	☐ Yes ☐ No
If yes, please detail below	

Areas of support- please mark any of the boxes that you would like to include:			
☐ Safe space to talk about your trauma	☐ Develop strategies to manage emotions	☐ Practical support with housing	☐ Health and Wellbeing
☐ Building trusting relationships	☐ Signposting to other support that meets your needs	☐ Increase self-esteem and confidence	☐ Establishing healthy boundaries

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	