

## Consent for referral to Cairns Sexual Assault Service

Pls note- clients can self-refer- this consent form is for the purpose of giving CSAS permission to contact the client directly.

I, \_\_\_\_\_, give my consent for the Cairns Sexual Assault Service, to contact me to offer me a counselling session .

Client name \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I give my consent and confirm it is safe for Cairns Sexual Assault Service to contact me via:

- Text Message
- Email
- Mail
- Voice Mail

Contact instructions if not standard: \_\_\_\_\_

\_\_\_\_\_

I give my consent for Cairns Sexual Assault Service to discuss my case with the referrer if required

**Yes / No**

Brief reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Referrers name and organisation / role: \_\_\_\_\_

**Referrer's signature:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cairns Sexual Assault Service**

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