** The Aurora Project Self-Referral Form**

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| **Name / Name:** |  | **Telephone Number:** |  |  |
| **Date of Birth:** |  | **Email:** |  |  |
| **Gender (Optional):** |  | **How would you like us to contact you?** |  |  |
| **Religion (Optional):** |  |  |  |  |
| **What do you currently need help with and what would the ideal outcome be for you?** |  |  |  |  |
| **Distress Rating Scale: On a scale of 1 – 5 how distressed are you about unhealthy sexual thoughts/ feelings? Please tick or highlight which one applies to you at this current time.** |
| **1*****“they don’t bother me at all”*** | **2****“*they slightly bother me*”** | **3** ***“they are starting to bother me”*** | **4*****“they are really bothering me”*** | **5** ***“they are taking over my life”*** |
|  |  |  |  |  |
| **Concern Rating Scale: On a scale of 1 – 5 how concerned are you that you may act upon them? Please tick which one applies to you at this current time.** |
| **1****“*I’m definitely not likely to act on them at all*”** | **2****“*I’m somewhat unlikely to act on them*”** | **3****“*I think I may act on them if I don’t get help*”** | **4****“*It is somewhat likely that I will act on these feelings*”** | **5****“*It is extremely likely I will act on these feelings*”** |
|  |  |  |  |  |
| Do you have any additional needs or requirements? |  | **This section is to be completed by the Prevention Project Manager****Date Received & processed:** |
| **All referrals will be dealt with in a confidential manner. Please return this to us under a password, telling us the password in a separate email.****You can email your password protected referral form to us at: slfprevention@ntu.ac.uk** |

**Date:**