**A logo of a company

Description automatically generatedA close-up of a logo

Description automatically generated The Aurora Project Self-Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:**