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| Please return this completed form to slfprevention@ntu.ac.ukAll referrals will be dealt with in a confidential manner. |
| Preferred name: |  | Date: |  |
| Email: |  | Telephone number: |  |
| What do you currently need help with? |
|  |
| What would you like to get out of the service? |
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| Experiencing sexual thoughts which become distressing can be common. The following questions help us understand your situation and the level of distress you are experiencing, as well as how likely you feel you are to act upon distressing thoughts. We understand that some people might have had previous interaction with legal services, and the question regarding previous caution or conviction assists us in tailoring assistance to individuals. These details will not be a focus of the service unless you would like to discuss them. |
| How distressed are you by your sexual thoughts or feelings? |  |
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| How concerned are you that you may act on your distressing sexual thoughts or feelings? |  |
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| Have you received a caution or conviction for a sexual offence?  |  |
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| How would you prefer to take part in Aurora? | [ ]  In-person (Nottingham city centre)[ ]  Online |
| Do you need any accommodations (e.g. wheelchair accessible venue) in order to take part in Aurora? |
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| Due to demand for our services, it is likely to be several months before we can assess you for the Aurora Project.You can find other sources of support on our website at:<https://www.saferlivingfoundation.org/what-we-do/adult-projects/aurora-project/> |

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| The questions on the next pages are to help us understand who is being referred to the Aurora Project.You do not need to answer all or any of these questions if you do not want to. |

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| The following questions are to help us understand who is being referred to the Aurora Project.You do not need to answer all or any of these questions if you do not want to. |
| What is your postcode? |  |
| How old are you? If you would prefer not to give your exact age, please select the appropriate category below. |  |
|  |  |  |  |  |  |
| How would you describe your ethnicity or ethnic background? |
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| How would you describe your gender identity?(Select all that apply) |
| [ ]  Man | [ ]  Other – specify below if you wish: |
| [ ]  Woman |  |
| [ ]  Non-binary |

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| Questions continue on the next page. |
| Do you have a developmental condition, social/communication condition or learning difference?(Select all that apply) |
| [ ]  No | [ ]  Other - specify if you wish: |
| [ ]  Yes - ASD (autism) |  |
| [ ]  Yes - AD(H)D |
| [ ]  Yes - learning disability or learning challenges |
| Which best reflects on your employment status? |
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