



**TO WHOM IT MAY CONCERN:**

I hereby give my written consent for **Wexford Rape Crisis** to make contact with the following agency/person to access information on myself:

**(I understand I may withdraw my consent at any time by notifying Wexford Rape Crisis)**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Agency: \_\_\_\_\_

Name of client: \_\_\_\_\_

Address of client: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signed by (Client): \_\_\_\_\_

On behalf of Wexford Rape Crisis

\_\_\_\_\_

Role in Wexford Rape Crisis: Clinical Team Leader

\_\_\_\_\_

Wexford Rape Crisis

Signature: \_\_\_\_\_

Contact Details: [alison@wexfordrapecrisis.com](mailto:alison@wexfordrapecrisis.com)

\_\_\_\_\_

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

Wexford Rape Crisis can be contacted on (053) 9122722/ 1800 33 00 33 or (086) 1724608.