



A Sexual Assault Centre for Quinte and District Program

Paths of Courage Healing & Retreat Centre

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Web: www.sacqd.com

Referral Form

Paths of Courage is a week-long intensive therapeutic program for survivors of sexual violence that is conducted in a safe, healing residential environment.

Referral Information	
Referring Agency (Name, Email, Telephone):	
Referring Counsellor (Name and Telephone):	Referral Date:
Client Information	
Client Name:	
Date of Birth:	Telephone:
	Email:
Address:	
Client History	
Attached Supporting Documents? Yes No	
Brief Client History:	
Relationship with client:	Length of relationship with client:
Services provided to client:	
Will you continue to support the client upon their return from the POC program? Yes No	

I, _____ confirm that the information given above is complete and accurate to the best of my knowledge. I realize that failure to disclose all truthful information may result in me being denied participation in the Paths of Courage program.

By signing below, I consent to the release and/or sharing of personal information by the referring party and the Sexual Assault Centre for Quinte and District.

Signature of Participant

Date

Signature of Referring Party

Date

ONLINE SUBMISSION SIGNATURES:
Please check this box as your signature.

By selecting this box I am agreeing to the signing of my legal signature.