

**Survivor Advisory Community**

Joining Form

Taking action. Creating change. Preventing child sexual abuse.

If you would like this in a different format or the support of a professional advocate to help complete it, please contact [denise.pringle@nspcc.org.uk](mailto:denise.pringle@nspcc.org.uk) who can help to arrange this.

**About you**

**First and Surname:** ……………………………………………………………………………….

If you would like to use a protective name[[1]](#footnote-2) please share it below.

**Protective name:** (If applicable) ……………………………………………………………………………….

**Age:** (You must be over 18) ……………………………………………………………………………….

**Gender:** (if you wish to share) ……………………………………………………………………………….

**Sexuality:** (if you wish to share) ……………………………………………………………………………….

**Pronouns:** (if you wish to share) ……………………………………………………………………………….

**About participation**

**What participation areas are of interest to you?**

(Please tick or highlight as many as you like)

Consultations Events Media work Focus Groups

I don’t know Happy to explore as we go

**Do you have any specific interests out of the below work?**

(Please tick or highlight as many as you like)

Mandatory Reporting Influencing government Victims Code of Practice (VCOP)

I don’t know Happy to explore as we go

**What is your preferred engagement method?**

(Please tick or highlight as many as you like)

Online In Person Both

**Contacting you**

**Do you require an interpreter? Yes/No**

**If yes please specify details:**

……………………………………………………………………………….

……………………………………………………………………………….

**What ways would you like us to contact you?**

(Please tick or highlight those that are safe and accessible for you)

Email Phone Call Text Through a designated professional

**If you ticked ‘phone call’, is it safe for us to leave voicemails? Yes/No**

**If you ticked ‘designated professional’ please share their name, job title and contact details:** (You must have this agreed with them prior to putting them on this form)

……………………………………………………………………………….

……………………………………………………………………………….

**Do you have any accessibility needs that you would like us to be aware of? Yes/No**

**If yes please specify details:**

……………………………………………………………………………….

……………………………………………………………………………….

**Emergency contact details**

**Name:**  ……………………………………………………………………………….

**Telephone number:**  ……………………………………………………………………………….

**Relationship to you:**  ……………………………………………………………………………….

**Your safety and wellbeing**

This section is entirely optional. Whether you complete it does not have impact on your involvement in the community, it is here as an opportunity for you to share if you wish to.

**Are there any specific triggers you would like us to be aware of?**

……………………………………………………………………………….

……………………………………………………………………………….

**Are there any specific risk factors you would like us to be aware of?**

……………………………………………………………………………….

……………………………………………………………………………….

**Are there any aspects of participation work that you would like to avoid?**

(This could be topics, types of engagement, participation areas etc)

……………………………………………………………………………….

……………………………………………………………………………….

**The final bits**

**Do you agree to the terms of reference and code of conduct? Yes/No**

**Signed Date**

1. a protective name or pseudonym is a fake name can be used if you wish/need to protect your identity. [↑](#footnote-ref-2)