



A Sexual Assault Centre for Quinte and District Program

# Paths of Courage Healing & Retreat Centre

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## Referral Form

Paths of Courage is a week-long intensive therapeutic program serving all survivors of sexual violence that is conducted in the province of Ontario.

### Referral Information

Referring Agency (Name, Email, Telephone):

Referring Counsellor (Name and Telephone):

Referral Date:

### Participant Information

Participant Name:

Date of Birth:

Telephone:

Email:

Address:

### Participant History

Attached Supporting Documents? Yes No

Brief Participant History:

Relationship with Participant:

Length of relationship with Participant:

Services provided to Participant:

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 non-fulfillment to disclose all relevant and accurate 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.