

# ANNEX 7

## TEMPLATE FOR COMPILING A DIRECTORY OF REFERRAL ORGANIZATIONS

CONTACT INFORMATION	
Full name of the institution:	
Acronym of the institution:	
Type of institution:	
Address:	
Telephone:	
Fax:	
Email:	
Name of director:	
Information source – name and title (the person in the institution who provided this information):	
Date of last update of information:	
Overview of the institution (mandate, area of work):	
DESCRIPTION OF SERVICES RELATED TO GENDER-BASED VIOLENCE	
Characteristics of the population served (such as sex, age, other specific characteristics, such as minority or disability status, geographical area covered):	
Types of services provided:	
Hours:	
Procedures/requirements for obtaining services:	
Costs of the services, if any :	
Organizations to which your organization refers clients/patients to:	
Type of staff who provide services to survivors of violence:	
Other activities related to violence:	

Source: adapted from IPPF 2010