

WCM Referral Form - Adults

Date of Referral: _____

Client Details

Full name: _____ Preferred name: _____ DOB: _____

Address: _____

Postcode: _____ Safe to post? _____

Telephone number: _____ Safe to call/text? _____

Email: _____ Safe to e-mail? _____

GDPR - General Data Protection Regulations - May 2018

I

Give consent for WCM to contact me by the following preferred method/s below - (please delete):

Phone call Letter Email

Signed Date.....

Presenting issues – Is the client experiencing any of the following issues:

Domestic Abuse Mental Health and wellbeing Homelessness

Other – Please specify _____

Is the client a risk to self? If yes, please indicate concerns:

Is the client at risk from another person? If yes, please indicate who, and specify concerns:

Referral Details

Professional Referral Self-referral Third-Party Referral

Where did you hear about us? _____

Name of referrer: _____ If Police, collar number: _____

Phone number: _____ E-mail Address: _____

Support Required

One-to-one sessions (8 sessions with a keyworker)

Drop in

Clothes bank

Personal development courses e.g. The Butterfly Project, My Relationships & Me, Beautiful Women/Me, Talking Minds

Group activities e.g. Maths, Community Connections, Knit & Natter, Clothes Bank Crafters, Chinwaggers

Signposting to other services

Other, please specify _____