

**Professional/3rd Party Referral Form**

**Please note: counselling is not appropriate for women who are in crisis.**

This area is for professionals and third parties to refer someone for support. Please ensure that the woman referred to us has agreed to this referral as we will be contacting her directly.

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| **Referees Details** | |
| Date |  |
| Full Name |  |
| Organisation/Role |  |
| Contact Number |  |
| Email |  |
| Have you received permission from the referred person to send this form? **Yes** ☐ **No** ☐ | |

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| **Persons Details** | |
| Full Name |  |
| Address |  |
| Postcode |  |
| Date of Birth (DOB) |  |
| Contact Number | Mobile: Landline: |
| Email Address |  |
| Ethnicity |  |
| GP Practice |  |
| Name of Next of Kin and mobile number |  |

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| **Which service would you like to make the referral to (please tick)** | | | | | |
| Adult Counselling  18 years + |  | Volunteering |  | Befriending Service |  |
| Teenage Girls Counselling  13 – 18 years |  | Peer Support Group |  | Emotional Support Group  (Counsellor led) |  |
| Activity/Interest group |  | Legal Advice |  | Other |  |

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| **Reasons for referral:** |

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| **Do you have any concerns about this woman? i.e. safety etc** |

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| **Are you aware of any risks associated with visiting this person at home?** |

If this form is for counselling then please return this form to: cwm@swanwomenscentre.org or contact us as below.