| Logo MW | REFERRAL FORM |
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| Motherwell Cheshire CIOreferrals@motherwellcheshirecio.com |
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| **Our vision is that women and girls are able to meet the challenges in their lives and access support, education and advocacy whenever they need it, in order to fulfil their potential.** |
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| **A** | **Complete this section, AND section B if you are referring someone to our services** |
| Referrer | What organisationdo you work for? |  |
| What is your full name? |  |
| Should we need to speak to you about your referral, please provide your contact details: | Email address: |  |
| Contact number: |  |
| Is the person below aware that you are making this referral? | ☐Yes☐No |
|  |  |  |  |  |
| **B** | **Please provide all information below, referral will not be processed without this information.**  |
|  | Name: |  |
| Date of birth: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |
| Preferred method to contact: | ☐Phone☐Email☐Address | Date form completed: |
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| Have you previously received counselling? | Yes/No |
| --- | --- |
| What would you like from counselling? |  |
| How would you benefit from counselling? |  |

**Details of situation and concerns or risks arising** |
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| ☐ I confirm that I give my consent or have permission to share the information provided on the referral form, for the purposes of accessing Motherwell Cheshire services. |
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| ☐ I (your client) understands that the information collected on this referral form will be stored by Motherwell Cheshire CIO in accordance with the Charity’s policies and may be used for impact evaluation and funders reports. |
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| **Please send this referral via email to** **referrals@motherwellcheshirecio.com****. Please call 01606 557666 if you would like to discuss with our referral team. Once we receive the referral, we will get in touch within 5 working days to acknowledge receipt of the form and discuss the next steps with the person being referred.** |