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| **Referrer Details** |
| **Organisation Name:**  |
| **Referred by (Name):**  |
| **Referrers email:**  |
| **Referrers contact number:** |
| **Client Details** |
| **Client Name:**  |
| **Client Date of birth:**  |
| **Client Address:** |
| **Client Gender:** |
| **Client Phone Number:** |
| **GP Surgery:** |
| **Are there any times the client will be unavailable to access this service:** |
| **Client Support Needs** |
| **Referral Reason: Please give a brief description of why the client would benefit from bereavement counselling.** |
| **Clients Communication Needs** |
| **Clients first spoken language.****English** [ ]  **Hindi** [ ] **Bangla** [ ]  **Punjabi** [ ] **Urdu** [ ]  **Guajarati** [ ] **Does the client require an interpreter in this language** [ ]  |

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| **Consent**  |
| **Does the client consent to share information with relevant services:****Yes** [ ]  **No** [ ]  |
| **Does the client consent to Diversity Matters/ Mind Contacting them:****Yes** [ ]  **No** [ ]  |
| **Project engagement**  |
|  **Where did the client hear about this project:**  |
| **Would the client engage in counselling support without the input of Diversity Matters North West?** **Yes** [ ]  **No** [ ] **If not, why not:** |

**For further information and completed referrals please contact** **hasina@diversitymattersnw.org.uk|** **0161 368 3268**