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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|**](mailto:hasina@diversitymattersnw.org.uk|) **0161 368 3268**