

Racist Incident Referral and Support Service

Inter-agency Referral Form

This form is to be used in conjunction with a telephone call. It can be sent by fax or post only. Do not send by e-mail.

Steps for referral:

Obtain client's agreement

Make telephone call to receiving agency to agree appointment details

Fill out and fax or post referral form directly to the individual who took the appointment.

Client Name: _____ **D.O.B.** _____

Address: _____

Can the client be contacted by post at this address? Yes _____ No _____

Client's phone numbers: Home _____

Mobile _____

Can the client be contact at these numbers (Yes/No): Home: _____

Mobile _____

Referral from: _____ **Date of referral:** _____

Referral to: _____

In What way does the client fit with the referral criteria for this agency?

Reason for Referral:

The initial appointment is for (please tick):

Initial assessment: ____ One-to-one with a professional: ____ Other (please state)

Is the client informed about the appointment: Yes No

Confirmed date, time and venue for appointment:

Signature of referring agency staff _____