

**Trust Counselling Service Referral Form – External Agency Referral Form**

**Submission of this form will be treated in the strictest of confidence**

**Client’s Name:**

**Date of Birth:**

**Gender:**

**Contact Number:**

**Address:**

**Some personal information about reasons for counselling.**

**Type of Accommodation:**

**Does the client have experience of having been homeless?**

**Has this referral been discussed with the client?**

**Reason for referral:**

**Summary of client’s support needs** (please advise if the client has a disability, mental ill health, issues relating to substance dependence etc)**:**

**Risk Management** (please advise if you are aware of any issues that exist that may indicate that the client may pose a risk to the well-being of others or themselves)**:**

**Does the client have a preference for any of the following venues?**

**The Marie Trust**

**Chara Project (Residents Only)**

**None of these venues (it may be possible to offer a mainstream venue**

**Please indicate if there are any venues which your client does not wish to attend if an appointment where to be offered.**

**Any other relevant information that you think it would be useful for us to know (optional):**

**Name of Referrer:**

**Organisation & Address:**

**Designation:**

**Contact No:**

**Date of Referral (today’s date):**

Once completed, please email this form to David Crossley: **dcrossley@themarietrust.org.uk**

If you would like to discuss this referral in advance you can call **David 07483165983**or **Allyson 07907 842 929.**