****

***Wellbeing Hub EK***

**Referral Form**

**(Subsidised Place)**

Client Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | |
| Address: | | |  | | | | | | | | |
|  | | | | | | | | Date of birth: | | |  |
| Home No: | |  | | | | Mobile: | | |  | | |
| Email address: | | | |  | | | | | | | |
| Best method of contact: | | | | Home / Mobile / Email  *Please circle all that apply* | | | | | | | |
| Is the person aware of the referral? | | | | | | | Yes / No | | | | |
| Can the Wellbeing hub contact direct? | | | | | Yes / No | | | | | | |
| Can the wellbeing hub leave a message? | | | | | | | | Yes / No | | | |
| Is there a preferred day/time to contact? | | | | | | | | | |  | |

Referrer details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Organisation name & address: | | | | |
| Contact No: | |  | | |
| Email address: | | |  | |
| Key reason for referral | | |  | |
| Service preferred | | |  | |
| Are there any safeguarding issues? | | | | Yes / No |
| If yes please give details: | | | | |

**Referrer signature ……………………………….……. Date ……………**

**Please forward to:**

Wellbeing hub Ek 42-46 Strathmore house Town Centre EK G74 1LQ

or email: wellbeinghubek@gmail.com . TEL: 03003657800