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***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