

REFERRAL FORM



Referrer details			
Date of referral			
Referrer's name		Organisation:	
Address		Will you continue as a keyworker for this client if they are accepted onto the Severn Project? Yes/No	
Telephone			
Mobile Email			
Client details			
Name (& title)			
Address			
Telephone			
Mobile			
Date of birth		Received (SP)	
Client consent:			
I..... (client name)			
agree to be referred to the Severn Project by			
..... (name of agency keyworker)			
and I agree to referrer (as named above) sharing information with the Severn Project relating to my situation for the purposes of this referral.			
By signing below, the client consents to this referral and for information to be kept by The Severn Project subject to the Data Protection Act 1998			
Client signature.....			
Date			
Referral Information			
Type of substance/s used alcohol used? (Please specify past and present use and length of time used including			

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prescription medication)			
Are you currently abstinent? (this includes substitute medication) Yes/No		Length of time abstinent (please specify)	
Additional information from client			
Please explain why you think the Severn Project would be suitable for you (include what you feel the project could offer you and what you feel you could bring to the project such as personal areas of interest and skills)			
Which length of engagement you are initially interested in (short, medium, long term)			
Additional comments from referrer (Please add anything further you think is relevant to this referral including offending background)			
Referrer signature			
Date			

This referral should now be posted to Steve Glover at The Severn Project, 12 Backfields Lane Bristol BS2 8QW