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**Counselling and Listening Referral Form**

Details of person requesting counselling / listening service

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 / Self-referral | | | | |
| Can the counsellor contact direct? | | | | | | Yes / No / Self –referral | | | | | | |
| Can the counsellor leave a message? | | | | | | | | | Yes / No | | | |
| Counselling or Listening appointment required? | | | | | | | | | | |  | |
| Is there a preferred day or time to contact? | | | | | | | | | | | | |
| ***If self-referral*** – how did you hear about A Time 2 Talk? | | | | | | | | | | | | |

Referrer details ***(leave blank if a self-referral)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Organisation name & address: | | | | |
| Contact No: | |  | | |
| Email address: | | |  | |
| Are you aware of any safeguarding issues? | | | | Yes / No |
| If yes please give full details: | | | | |

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

**Please forward to:**

A Time 2 Talk, Disability North, The Dene Centre, Newcastle upon Tyne NE3 1PH