**Hand in Hand**

**Referral Form**

**Client will be contacted within 2 weeks of referral being received**

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| --- |
| **Referral Agency** |
| Name: Organisation:  Telephone No: Email address: |
| **Client Details** |
| Name: Address:  Post Code: Telephone No:  DOB: Ethnicity:  Language support required: Language spoken: |
| **Additional information:** |
|  |
| Please advise any other observations/potential risks regarding lone working with the client: |
|  |
| **Client consent for referral** |
| I authorise for my details to be passed to Healthy Living  Sign Date |
| **Office use only** |
| Date referral form received:  Lead Officer: |

**Please return completed form to:**

**Blackburn with Darwen Healthy living, Bangor St Community Centre, Norwich St, Blackburn BB1 6NZ**

**Or e mail to:** [**info@bwdhl.org.uk**](mailto:info@bwdhl.org.uk) **Telephone: 01254 292650**

**Charity Number: 1122978**