Snowdrop Doula

Community Interest Company

Company number: 8971610

**Referral Form**

Please can you let us know which Snowdrop services you are interested in:

(please tick)

|  |  |
| --- | --- |
|  | Doula Support Services |
|  | Support groups for new and expectant parents |
|  | Counselling for parents to be and parents |
|  | Food bank |
|  | Baby items and clothes bank |

If you are completing this referral form yourself, please only complete part A.

If you are referring someone else, please complete Part A and Part B

**Part A: Basic Service User Information**

|  |  |
| --- | --- |
| Service user Full Name: |  |
| Service user Address: | Postcode: |
| Service user Home Telephone Number: |  |
| Service user Mobile No: |  |
| Service user e-mail address: |  |
| Service user Date of birth: |  |
| Service user due date or youngest child date of birth:(if applicable) |  |

**Service user Authorisation:**

*Please sign below to confirm that you authorise Snowdrop Doula CIC to use the contact details given in this form to contact you in respect of the relevant service.*

*Please refer to the Snowdrop Doula Fair Processing Notice which sets out the ways in which we will use your personal data.*

*Service user Signature:*

*Date of signing:*

**Part B: Special Category Data**

To be completed by the Referral Agency only

|  |  |
| --- | --- |
| Name of Referral Agency/Organisation: |  |
| Name of individual making the referral: |  |
| Job Title: |  |
| Contact Telephone Number: |  |
| E-mail address: |  |

Please use the text box below to inform us of any other information that is relative to your client and may have an impact on the provision of the Snowdrop Doula Service:

*Please use the continuation sheet on page 3 if you need to.*

**Referral Agency Authorisation:**

*Please sign below to confirm that you have received the client’s permission to provide us with their basic information for use in providing the Snowdrop Doula Service (Part A):*

*Referral Agent Signature:*

*Job Title:*

*Date of signing:*

Continuation box: