



REFERRAL FORM

Motherwell Cheshire CIO

referrals@motherwellcheshirecio.com

Our vision is that women and girls are able to meet the challenges in their lives and access support, education and advocacy whenever they need it, in order to fulfil their potential.

A Complete this section, AND section B if you are referring someone to our services

What organisation do you work for?

What is your full name?

Should we need to speak to you:

Contact number:

About your referral, please provide your contact details:

Email address:

Is the person below aware that you are making this referral? YES
/ NO

B Please provide as much information in this section as possible

Name:

Date of birth:

Address:

Phone number:

Email address:

Preferred method to contact: PHONE / EMAIL

Date form completed: ___/___/____

Is there a Child Protection Plan in place? YES / NO

If yes, how long?

Details of situation and concerns or risks arising:

I confirm that I give my consent or have permission to share the information provided on the referral form, for the purposes of accessing Motherwell Cheshire services.

I (your client) understand that the information collected on this referral form will be stored by Motherwell Cheshire CIO in accordance with the Charity's policies and may be used for impact evaluation and funders reports.

Please send this referral via email to referrals@motherwellcheshirecio.com. Please call 01606 557666 if you would like to discuss with our referral team. Once we receive the referral, we will get in touch within 5 working days to acknowledge receipt of the form and discuss the next steps with the person being referred.