

Client Authorisation for Referral

Client details

Title: First Name:

Surname:

Address:

Postcode:

Tel No.

Email:

Date of Birth:

Now please continue overleaf...

Referring Agency

- Self** **GP Surgery** *Please tick as appropriate*
 Church **Other**

Name of referrer (inc agency):

Tel No.

Email:

Additional Comments (inc risks)

Now please continue overleaf...

Client Authorisation for Referral

Client details

I give my permission for my contact details to be passed to the 'Hope in the Community Poole' - and I understand that all information will be held in accordance with the Data Protection Act.

Client Name:

Client Signature:

Date:

Referrer Name:

Referrer Signature:

Date:

Verbal Consent (Referrer to tick if given)

Then we'll take it from here..

Take this page to
HitC at our address:

HitC Poole,
St Clements Church Office,
55 Kinson Avenue,
Poole, BH15 3PH

Call Jill our Coordinator on 07597 290132

Email: hitcpoole@btinternet.com

Charity registration no. 1108850 | Company registration no. 04936763

