**Platform for Life Referral form**

We’re a family focused service that accepts referrals for children, young people and parents/caregivers. Please check our website for details of our criteria.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSON BEING REFERRED OR SELF REFERRING | |  |  | | |
| First name |  | **Surname** |  | | |
| Date of birth |  | | | | |
| Address |  | | | | |
| Post code |  | | | | |
| Mobile number |  | | | | |
| Email address |  | | | | |
| To be completed if person being referred is under 16 | | | | | |
| Full Name of parent/guardian |  | | | | |
| Contact details for Parent/guardian |  | | | | |
| Consent to contact | *During the time we work together we may need to contact you either as the client or parent/guardian of the client. Please provide your consent for us to do this by ticking one or more of the options below.* | | | | |
| I give consent for Platform for Life to contact me via:- | | | | | **Tick here** |
|  | Mobile phone | | | |  |
| Leaving a voice message | | | |  |
| Sending a text message | | | |  |
| Sending an email | | | |  |
| Sending a letter | | | |  |
| Reason for referral  Which school does the individual attend (where relevant)? |  | | | | |
| Is individual/family aware they are being referred? | | | | **Yes/No** | |
| Has individual/family consented to being referred? | | | | **Yes/no** | |
| Additional information e.g. medication taken, support from other services, TAC/TAF etc |  | | | | |
| Name of referrer |  | | | | |
| Referrer organisation |  | | | | |
| Date |  | | | | |

Please return this completed referral form to:

Email:

info@platformforlife.org.uk

Postal Address:

Platform for Life

Unit 8 Parade Enterprise Centre

Blacon

Chester

Cheshire

CH1 5HN