 **Client Referral Form**

**Name:**

**Address:**

**Date of Birth:**

**Contact Numbers (s):**

**Email:**

**Referred from:**

* **Elm Foundation**
* **Self-Referral**
* **Church (please tell us which Church)**
* **Police**
* **Other (please give us more information)**

**Name of referrer/ point of contact:**

**We understand that faith plays an important part in healing. To enable us to support you more appropriately, please answer the following questions:**

**Are you part of a faith community?** **YES** **/** **NO** **/** **RATHER NOT SAY**

**If yes, please tell us which one**

**FOR THE REFERRER – PLEASE GIVE US ANY ADDITIONAL INFORMATION ABOUT THE CLIENT**

**PLEASE RETURN TO** **CONTACT@WORTH-CHARITY.CO.UK**