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**Agency Referral Form**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Referred by:** |  |
| **Position:** |  |
| **Telephone no.** |  |
| **Email:** |  |
| **Date of referral:** |  |

|  |  |
| --- | --- |
| **Clients Name:** |  |
| **Telephone no.** |  |
| **Preferred language:** |  |
| **Date of referral:** |  |

Please tick service required (please tick)

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|  |  |
| --- | --- |
| **Confidential Mental Health Counselling*** Bereavement
* Anxiety / Depression
* Other
 |  |
| **Befriender To Give Personal Support** |  |
| **Domestic Abuse Service** |  |
| **Parenting Classes** |  |
| **Mindfulness**  |  |
| **Creative Social Workshops (Bakery, Art & Craft, Hair & Beauty Etc.)** |  |
| **Female Only Sauna/Gym** |  |
| **ESOL Classes** |  |
| **Textiles Training (Overlocking / Lock-Stitching)** |  |
| **Computer Courses** |  |
| **Help To Find Work** |  |
| **On-Site Nursery - CHILDCARE** |  |

**Where did you hear about our service?**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…….……**

 **For office use only**

Action taken:

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Sign: ……………………………….….………… Date: ….……………..…………………...……

 Please email completed form to info@shamawomenscentre.co.uk or return to:

 Shama Women’s Centre, 39/45 Sparkenhoe Street, Leicester, LE2 0TD. **(MARKED PRIVATE AND CONFIDENTIAL).**

 For further enquiries please ring (0116) 251 4747



