GAMBLING HARMS PREVENTION AGENCY REFERRAL FORM

Share your referral details so we can review and follow up.

ORGANISATION INFORMATION

Organisations Name: _____

Referred By: _____

Position: _____

Email: _____

Contact Number: _____

Date of Referral: _____

CLIENT INFORMATION

Clients Name: _____

Clients Email: _____

Clients Contact Number: _____

Preferred Contact Method: _____

Preferred Language: _____

SERVICES CLIENT REQUIRE

Please tick below the services you believe the referral client may require.

Gambling Harm Services:

- ☐ Welfare Rights Support
- ☐ Domestic Abuse Support
- ☐ Debt Management
- ☐ 1:1 Peer Support
- ☐ Peer Group Support

Other services available:

- [ ] Counselling
- [ ] Befriending Support
- [ ] Education Classes (ESOL, IT, Maths, Sewing, Textiles)
- [ ] Job Club
- [ ] Free Membership Classes (Cooking, Baking, Hair & Beauty)
- [ ] Yoga / Gym / Sauna
- [ ] Nursery

ADDITIONAL INFORMATION

Once complete please email the form to: shamaofficecentre@yahoo.co.uk

Or drop off to reception at the centre: 39-45 Sparkenhoe St, Leicester LE2 0TD

For any other support or information call us on 0116 251 4747

shama women's centre

The King's Award for Voluntary Service