

Client Details				Strictly confidential	
Title	First Name:	Surname:	DOB:	National Insurance Number:	
Contact address:				Emergency Number & Name:	
Postcode:					
Phone:		Email address:		Ethnicity	Male / Female

Referral Service Details (If Applicable)	
Referrer name:	Referral service name and address:
Client or referrer - Where/How did you find out about us?	
Phone:	Email address:

Important Client Information – please complete **
<p>**Do you consider yourself to have a disability or any other health issues Y / N</p> <p>If YES, please give details:</p> <p>**Are there any specific dietary requirements as lunch will be supplied and if so what are they?</p> <p>**Are there any issues around drugs/alcohol that you feel we may need to be aware of Y / N</p> <p>If YES, please give details:</p> <p>**Are there any issues or restrictions (licenses, court orders or probation etc.) that may restrict your engagement or concerns that the Ignite Team should be aware of? Please make reference to offending behaviour, if applicable:</p> <p>Details:</p>

Please ensure this form is **fully completed and signed** as we are unable to proceed without this information. Once we receive this form, we will contact you regarding arranging an enrolment.
 By signing this document, I agree with BCHA's Privacy Notice and give consent for BCHA to share any of the above information with third parties if a risk is disclosed.

Signature (Referrer or Client please circle?): _____ **Date:** _____



THE GROWTH PROJECT REFERRAL FORM



For Office Use Only:

Additional Notes

Risk Assessed By: **Date:**.....