**Helping Others Positively Engaged In Community- Referral Form**

**H.O.P.E in Community’s**

H.O.P.E in Community is a Charity CIO 1187996 our aim is to bring the community together by improving the conditions of life by doing a range of different activities such as cooking on a budget, job support group, Family support, Social clubs and volunteering opportunities.

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| --- | --- |
| **Source of referral** | Self Organisation Family/Carer  G.P Other, Please Specify: |
| **Date of referral** |  |
| **Referrer name** |  |
| **Referrer contact number** |  |
| **Referrer email address** |  |
| **Referrer organisation** |  |
| **Referrer role** |  |
| **Which service would you like?** | **Cooking on a budget**    **Healthy Holidays**  **St Georges Toddler group**  **More the merrier multiple birth Toddler group**  **Listening Service**  **Social club (Mental Health**  **Job Support** |
| **Referral reason** |  |
| **Person consented to this referral. Do not proceed without consent.** | **Yes No** |

**Details of the individual been referred:**

|  |  |
| --- | --- |
| **Title** | Mr Mrs Miss Ms Mx Master  Other, Please Specify |
| **Full name** |  |
| **Date of Birth** |  |
| **Address including postcode** |  |
| **Phone number** |  |
| **Mobile number** |  |
| **Email address** |  |
| **Preferred contact method** | Letter Phone Mobile Email    Other, Please Specify: |
| **What they/You want to get out of course/ Project/ Group?** |  |
| **Other services involved please list** |  |
| **Any special requirements for accessing H.O.P.E In Community services?** |  |
| **Any Dietary requirement and/or allergies** |  |

Please send completed referral form by email or post to:

Office 1,13 Regent Street, Barnsley, S70 2EG or admin@hopeincommunity.co.uk

If you have any questions, please contact us on:

Mob: 07462962292

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| --- | --- |
| **For office use only**  **Consent to Share Agreement signed?** | **Yes No Date /202****2** |
| **Date referral form received.** | **/2022** |
| **Date of first contact with client.** | **/2022** |
| **Date if professional referral agent needed contacting.** | **/2022** |