**REFERRAL FOR THE PROJECT
 PEERS SUPPORT AND MENTORING FOR ADULTS**

*(referral form to be completed by the referrer)*

**Date of referral:** .............................

**Does the referrer have consent from the client to make this referral?**

[ ]  Yes [ ]  No

**If yes, please continue with the referral form.**

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**Local authority in which the participant of the project lives:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Edinburgh City Centre | [ ]  Craigentinny & Duddingston | [ ]  Leith | [ ]  Liberton & Gilmerton |
| [ ]  Portobello & Craigmillar  | [ ]  Other, please state ............................................................ |

**Details of the referrer:**

|  |  |
| --- | --- |
| **Name of organisation/institution** |  |
| **Address** |  |
| **Name of person referring** |  |
| **Tel. number and e-mail** |  |

**Details of the referred client:**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Date of birth** | DD / MM / YYYY Age: ................. |
| **Sex** |  |
| **Address****Telephone numer & e-mail** |  |

**QUESTIONS TO THE REFERRER:**

|  |
| --- |
| **Does the client face any of the challenges stated below, please tick appropriate:**[ ]  Stress and anxiety[ ]  Low self-confidence, low self-esteem[ ]  Social isolation, loneliness[ ]  Depression[ ]  Other, please state ......................................................................................................... |
| **Are these challenges related to the pandemic?**[ ]  Yes [ ]  No |
| **When the above challenges began to occur, please tick appropriate:**[ ]  In the last few months[ ]  Within the last two years[ ]  Over two years ago |
| **Please tick, which of the support services below would be most suitable for the client’s needs:**[ ]  Individual mentoring and befriending [ ]  Support groups [ ]  Online support |

**Short description of the reason for the referral, please include concerns regarding the client:**

|  |
| --- |
|  |

**Completed referral should be send to the following email address:** **ReceptionDesk@pfsc.co.uk**

**or posted to Polish Family Support Centre, 19 Smith’s Place, EH6 8NU Edinburgh.**

*----- All information contained in this referral is confidential and will only be available for inspection by the professionals of the Polish Family Support Centre in Edinburgh, according to the Data Protection Act 2018 and the PFSC Privacy Policy -------*