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**Centre 404 Professionals Referral Form**

**Why we need this information:**

This data is collected for work and monitoring purposes. We need this information to support you with our services as well as to provide funders with demographic profiles of the families that have used our services each year. Our data records might also be audited by Advice Quality Standard.

On occasion, we will need to share information with other agencies to be able to support you and your family. We will only share information that is relevant to the piece of work undertaken – This will not be shared without your agreement.

**Refer and referees details**

Name and Job title: ……………………………………………………………………………………………………………………………..

Address of your organisation: ....…………………………………………………………………………………………………………..

Email Address: ……………………………………………………………………………………………………………………………………..

Contact number: ……………………………………………….

Is the Carer/Client aware of this referral……………………………………………………………………………………………..

Name of person being referred: ………………………………………………………………………………………………………….

Carers address: …………………………………………………………………………………………………………………………………..

Telephone number: …………………………………………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………………………………………..

Date of Birth: ……………………………………………………..

Please tell us about the child or adult they care for

Name of dependant (if known): …………………………………………………………………………………………………………..

Date of Birth (If known) ……………………………………………………………………………………………………………………….

Address (if not the same as refers): ……………………………………………………………………………………………………..

Dependant’s diagnosis: ………………………………………………………………………………………………………………………..



Please fill in the box with the appropriate information for your referral:

* Help filling in a form for benefits, blue badge or other, please include the date that the application is due or deadlines for the paperwork:
* Applying for a Grant; please tell us why a Grant application is required and if you are aware of previous Grant applications being made within the past 12 months both successful and unsuccessful applications
* Information and advice: Social Care, Health, Housing, Education, Grants, Benefits
* Advocacy for people with learning disability or family carers, training and consultancy service
* Workshops, wellbeing events, Speak up groups, Coffee Mornings, other events hosted by Centre 404
* Other, please specify:



Please tick the following boxes if you wish to receive information, updates on news and events at Centre 404:

□ I would like to receive all updates, newsletters and events information from Centre 404

□ I would like to receive updates on events, workshops and coffee mornings from Centre 404

□ I do not want to receive updates, newsletters and events information from Centre 404

Please tell us how you would like to receive this information

□Telephone □Text □ Email □ Post

Making a referral:

You can call us at Centre 404 to self-refer or refer a Parent or Carer on 020 7607 8762 or you can complete the form below and send it over to [Family@Centre404.org.uk](mailto:Family@Centre404.org.uk) email address.

Please make sure it is the Carer who is being referred (with their permission) and that you supply a telephone number or email address for them. You can also use this form to self-refer.

Confirmation of referral:

Please note that during Covid times our team is working from home and will be offering telephone and video call appointments. A member of our team will contact you with 14 days to discuss your referral and arrange an appointment where necessary.