**Adhar External Mental Health Referral Form**

Adhar Project will comply with GDPR principles, we will ensure information given is processed in a manner that ensures appropriate security of the personal data. We will not share this data with any third parties without your consent.

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Email Address:**  |  |
| **Contact Number 1:** |  |
| **Doctor’s Surgery:**  |  |
| **Support Needs:** |  |

**Please tick appropriate services:**

 **BAME Advocacy Support Group –(BAME Direct Payment Clients only)**

 **Recovery Project &**

 **Talking Therapies Employment, Health & Wellbeing**

 **Volunteering BAME Domestic Abuse Counselling and Recovery Project**

**Please state if you require gender specific staff members (We will try to accommodate if we can)**

**Female: Male: I do not mind:**

**Please state if you require specific language support, if so what language(s) do you require?**

**-------------------------------------------------------------------------------------------------------------------------------**

**Referral From:**

**Organisation: Contact Number:**

**Date of Referral:**

**­­­­­­­­­Send All completed forms to:** referrals@adharproject.org