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| --- | --- | --- | --- |
| **Details of person being referred:** | |  | **How did you hear about CCC / Referrer details:** |
| **Surname:** | | **Name:** |
| **First Name:** | | **Job Title:** |
| **Date of Birth:** | **Age:** | **Organisation:** |
| **Address (please include postcode):** | | **Contact No:** |
|  | | **Details of GP *(unless already given above)*** |
|  | | **Named GP:** |
| ***Can we send post to this address?* Yes / No** | | **Surgery Name:** |
| **Mobile No:**  **Landline number (if no mobile):** | | **Please list any mental health problems or give a BRIEF reason for referral (e.g. domestic abuse)** |
|  |
| ***Can we phone you on above number/s?* Yes / No** | |
| ***Can we send texts to above number?* Yes / No** | |
| ***Can we leave voicemails on above number/s?* Yes / No** | |

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| --- | --- | --- | --- |
| **Email Contact & Permissions: (not required for referral - can be completed during assessment by CCC)** | | | |
| **Email Address of person being referred:** | | | |
| **Can we contact you by email?** | **Yes / No?** | **Can we send updates about CCC by email?** | **Yes / No?** |
| **Can we send occasional surveys or opinion polls about CCC by email? Yes / No?** | | | |

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| **Please tick below all services you wish to access**  ***NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision*** | | | | |
| **One-to-One Support** | **TICK BELOW** |  | **Therapeutic Groups** | **TICK BELOW** |
| **Counselling / CBT** |  | **Creative Women** *(arts & crafts)* |  |
| **1-2-1 Phone Support Sessions** |  | **Wellbeing Workshops** *(various topics)* |  |
| **Personal Development Courses** | **TICK BELOW** | **Support Groups** | **TICK BELOW** |
| **Brave Women** *(anxiety management)* |  | **Empowered Women** *(domestic abuse)* |  |
| **Confident Women** *(confidence/assertion)* |  | **Supported Women** *(mental health support)* |  |
| **Uplifted Women** *(managing depression)* |  | **Journey Through Grief** *(bereavement)* |  |
| **As a Charity, we rely entirely on funding and donations to offer you these services. So, we ask for a minimum donation of £1 per session for every service, to help us to continue running. Thank you for your understanding.** | | | | |

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| **Form Completed By:** |  | **Date:** |  |
| **Please return to: Chrysalis Centre for Change (CCC), Email: chrysaliscentreforchange@gmail.com**  **Post: 1st Floor, The Beacon Building, 25 College Street, St Helens WA10 1TF** | | | |

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| **CCC OFFICE USE ONLY: Referral taken/received by: (*circle one*) Post Email Phone Online Form In Person** | | | | | | | | | | | |
| **Stats** |  | **Wait Lists** |  | **Q/Stats** |  | **Assess/Ref Sheet** |  | **Support/Group Tab** |  | **Email** |  |