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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** |  |