Chrysalis Centre *for* Change
Supporting Empowering Inspiring

Referral Form

Please complete in full using block letters

Details of person being referred:		How did you hear about CCC or who referred you:
Mrs Ms Miss *(delete as appropriate – females only)*		**Name:**
Surname:		**Job Title:**
First Name:		**Organisation:**
Date of Birth:	**Age:**	**Contact No:**
Address:		**Details of GP** ***(unless already given above)***
		GP Name:
Postcode:		**Surgery Name:**
Ok to send mail to this address? *(Delete one)* **Yes No**		**Please tell us about any mental health problems or give a BRIEF reason for referral**
Landline No:		
Ok to leave messages on landline? *(Delete one)* **Yes No**		
Mobile No:		
Ok to text/leave messages on mobile? *(Delete one)* **Yes No**		

Email Contact & Permissions: (Info not required for referral - can be completed during assessment by CCC)	
Email Address:	
Ok to contact by email? *(delete one)* **Yes No**	**Ok to send updates about CCC by email?** *(delete one)* **Yes No**
Ok to send occasional surveys or opinion polls about CCC by email? *(delete one)* **Yes No**	

Please tick below all services to access:

NB: All new referrals must attend an Assessment before accessing any services. Minimum age 18. No childcare provision

Service	Tick below	Service	Tick below
Counselling *(one-to-one)*		**Empowered Women** *(domestic abuse)*	
CBT Therapy *(one-to-one)*		**Journey Through Grief** *(bereavement)*	
1-2-1 Phone Support Sessions		**Serene Women** *(relaxation group)*	
Brave Women *(anxiety management)*		**Supported Women** *(mental health support)*	
Confident Women *(confidence/assertion)*		**Uplifted Women** *(managing depression)*	
Creative Women *(arts & crafts)*		**Wellbeing Workshops** *(monthly)*	

As a Charity, we rely entirely on external 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.

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

CCC OFFICE USE ONLY: Referral taken/received by: (*circle one*) **Post** **Email** **Phone** **Online Form** **In Person**			
Date/Time of Assessment:		**Date Added to Waiting Lists:**	