

ESH Works Ltd Referral Form Confidential



To be completed by referrer with the client's agreement

Referrals can be made by phone, via e-mail to referrals@eshworks.org or by secure mail to securemail@eshworks.org.cjism.net Alternatively you can print and complete the form and send it to the ESH Works central office at the address below. A completed form can also be given in person to any ESH Works staff member.

Date of referral:	
Name of client:	
How did the client hear about us?	
Contact Information:	How we can we make contact - tick the appropriate boxes
Mobile phone:	<input type="checkbox"/>
Home phone:	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Home address	<input type="checkbox"/>
Can we leave voicemail messages?	
Client date of birth:	

Referring Agency and Location:	
Person Completing the Form:	
Main Contact: e.g. Project Worker	
Person Referred as:	Client <input type="checkbox"/> Detox/Mentee <input type="checkbox"/> Rehab <input type="checkbox"/>
Service Referred to:	Family <input type="checkbox"/> Addiction Support <input type="checkbox"/>
Additional Information: e.g. risks or physical/mental health information	Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/>
Client Signature:	

ESH Works Ltd
9A Althorpe Street
Leamington Spa, CV31 2AU
Office: +44 (0)1926 889 356
E-mail: info@eshworks.org
Web: www.eshworks.org

Office Use Only

ESH Staff Name:	Date:
Tick if details have been entered into database:	<input type="checkbox"/>

Referral Number:

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To be completed by the client at point of referral if possible

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please ask the **CLIENT TO COMPLETE THIS SECTION OF THE APPLICATION FORM.**

If you do not wish to provide this information please put a mark in this box

Marital Status:

Postcode:

Ethnic Group (please tick):

A (White)	British	<input type="checkbox"/>	C (Asian or Asian British)	Bangladeshi	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		Indian	<input type="checkbox"/>
	Other White	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
B (Mixed)	White & Asian	<input type="checkbox"/>		Other Asian	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>	D (Black or Black British)	African	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>
Other Mixed	<input type="checkbox"/>	Other Black		<input type="checkbox"/>	
Other			E	Chinese	<input type="checkbox"/>

Do you consider yourself to have a disability? Yes No

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

If yes, please give details:

Gender Male Female

Age Group

18-25 26-35 36-45 46-55 56-65 66-70 Over 70