

Referral Form: Please complete in full

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| --- | --- |
| Participant’s name: |  |
| Contact number(s) |  |
| Email address: |  |
| Participant’s DOB: |  |
| Home Address: |  |
| Emergency contact details/ Support person: |  |

|  |  |
| --- | --- |
| Name of GP: |  |
| GP Address: |  |
| Contact No: |  |
| Name of existing key worker/ other support services: |  |
| Landline no for this contact person: |  |
| Mobile No: |  |
| Reason for referral: |  |
| Identified Interagency needs and actions: |  |
| Are there any personal/ medical issues that might affect participation in the group? |  |
| Is the participant motivated to change? | Yes / No |
| Any other relevant Information: |  |

I, the referrer, have the consent of the person named above to make this referral

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
| Print name: |  | | |
| Work Email: |  | Contact No: |  |
| Date: |  | | |

Please send the referral forms to: Caroline Brickland, Mojo Programme, Offaly Local Development Company, Millennium House, Main Street, Tullamore, Co Offaly.

Email: cbrickland@offalyldc.ie Ph: 087-6028801

The Participant has the right, given by the Data Protection Act of 1988, 2003 and General Data Protection Regulations (GDPR), 2018, to a copy of their personal information at any time. The Participant can get this by contacting Offaly Local Development Company in writing. We are required to keep this information for 7 years.