

REFERRAL FORM

The Inspire Project

referrals@motherwellcheshirecio.com

Our vision is that girls are able to meet the challenges in their lives and access support, education and advocacy whenever they need it, in order to fulfil their potential.

Α	Referrer to complete this section, AND section B if you are referring someone to our services					
	What organisation					
	do you work for?					
l						
	What is your full name?					
	1011a. 6 / 011					
		[ſ			
	Should we need to ancel to you	Email address:	l			
	Should we need to speak to you	Lillaii address.	t			
	about your referral, please provide	1	l			
	your contact details:	Contact	l			
		number:				
	Tath		10	□Yes		
	Is the person below aware that you a	re making this refe	zrrai?	□No		
				<u>. </u>		
В	Please provide as much information in this section as possible					
	Name:					
l						
	Date of birth:					
	Address:	 				
	Phone number:	 				
	Email address:	l				
		□Phone		·		
	Due Coursel weatherd to contact				Date form completed:	
	Preferred method to contact:	□Email				
		□Address				
						
			rine Leas	3		
		 Malbank Ruskin High School Shavington Academy Sir William Stannier The Oaks UTC Crewe 				
	School or college currently attended					
			i C Ci EW			
		Other				
		OTHER				
Year group at time of referral:			Year 9	€	Year 11	
, our group at time of referrali			Year 1	10	Post 16	

Details of situation and concerns or risks arising:					
•					
\square I confirm that I give my consent or have permission to share the information provided on the referral					
form, for the purposes of accessing Motherwell Cheshire services.					
\square I (your client) understands that the information collected on this referral form will be stored by					
Motherwell Cheshire CIO in accordance with the Charity's policies and may be used for impact					
evaluation					
and funders reports.					
Please and this referral via amail to referrals@matherizallehashirasis com. Please call 01606 FF7666 if you would like to					

Please send this referral via email to referrals@motherwellcheshirecio.com. Please call 01606 557666 if you would like to discuss with our referral team. Once we receive the referral, we will get in touch within 5 working days to acknowledge receipt of the form and discuss the next steps with the person being referred.