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**Referral form “LET’S TALK” Project**

The Let’s Talk service offers a time limit of 3 months for 1 to 1 support, however unlimited access to outdoor activities and group sessions.

Please complete and return form to:[***bchft.letstalk@nhs.net***](mailto:bchft.letstalk@nhs.net)or contacton **01922 608500**

1. ***Details of person you are referring***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | Title (Mr, Mrs, etc.) |  |
| Date of Birth |  | Gender |  | |
| Telephone |  | Mobile |  | |
| Email |  | Employment status |  | |
| Address  Postcode |  | | | |
| Health Issues/Disability |  | | | |

1. ***Details of referrer***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referrer Name |  | Organisation/Team |  | |
| Email |  | Telephone |  | |
| Date of referral |  | Consent gained  from client to be contacted | Yes | No |
|  |  |

1. ***Additional information***

|  |
| --- |
| **Reason for Referral (***Group sessions/1:1/outdoor activities/ confidence, etc)* |
|  |
| **Any other information (***Risks/Safeguarding/Communication adaptations)* |
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