



BourneFamilyProject

## REFERRAL FORM

Date of Referral		Referred By	
		Address	

### Referee Details

Name	Address	DoB
Telephone Number (Home)	Email Address	Mobile No

Family Members:-

Is a daytime crèche place required?

(please note, for an adult counselling slot you may be allocated sooner if a crèche place is not needed)

Availability? i.e. Daytime or Evening

### What Service or Group is being requested?

*Please indicate which Focused service(s) you feel would be most relevant:*

- |                            |                          |  |                          |
|----------------------------|--------------------------|--|--------------------------|
| Adult counselling          | <input type="checkbox"/> | New Ways Parenting Course              | <input type="checkbox"/> |
| Creating Confidence Course | <input type="checkbox"/> | Treasure Tots pre-school Play Sessions | <input type="checkbox"/> |
| Kings Tots Play Group      | <input type="checkbox"/> | Play Therapy (specialist 1-2-1 work)   | <input type="checkbox"/> |
|                            | <input type="checkbox"/> |  |                          |

The services below are currently under development. Pls register your interest and we will keep you posted.

- |                     |                          |                            |                          |
|---------------------|--------------------------|----------------------------|--------------------------|
| The Marriage Course | <input type="checkbox"/> | Couples Counselling        | <input type="checkbox"/> |
| Youth Counselling   | <input type="checkbox"/> | Parenting Teenagers Course | <input type="checkbox"/> |

**REASON FOR REFERRAL**

**I agree to this referral being made to The Bourne Family Project and I have seen its contents.**

----- (PARENT/S) ----- (DATE)

**I agree to The Bourne Family Project holding personal information about me on file in accordance with the data protection act.**

----- (PARENT/S) ----- (DATE)

**I give my permission for members of staff from The Bourne Family Project to contact the agencies that I have indicated above on my behalf.**

----- (PARENT/S) ----- (DATE)

**Thank you for taking the time to complete this form. Please forward it to:**

Counselling Administration  
The Bourne Family Project  
Bourne Chapel,  
Waters Road, Kingswood, Bristol BS15 8BE

Tel: 0117 947 8441 Fax: 0117 947 8316  
E-mail: [bfp@bristolcommunitychurch.org](mailto:bfp@bristolcommunitychurch.org)