



Circles Around Dundee

Dreamcatchers Referral Form

Name: _____ File No.: _____
(for office use)

Address: _____

Postcode: _____

Telephone No.: _____

Email address: _____

Referred by: _____ Date: _____

Address: _____

Postcode: _____

Telephone No.: _____

Email address: _____

Method of Referral: In person Phone Letter

Statistical Information regarding equal opportunities

Age (please circle) 18-24 25-40 41-60 60+

Ethnic origin: _____



Dreamcatchers Referral Form

Relevant Contacts

Name:

Address:

Postcode:

Telephone No.:

Designation:

Name:

Address:

Postcode:

Telephone No.:

Designation

Name:

Address:

Postcode:

Telephone No.:

Designation



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Additional Information

Only required if relevant to our work

Does the person have any health issues that would be helpful for us to know about?
(If none, state none)

Does the person have any communication styles and approaches that would be helpful
for us to know about? (If none, state none)

Is there anything we need to know to keep the person and others safe? (If none, state none)



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Further Relevant Information

Reason for Referral:

Proposed Action:

Please return to:
Circles Around Dundee
The Mark Henderson Centre
Ann Street
Dundee
DD3 7TH

Telephone: 01382 223372 or 05601134264
Email: admin@circlesarounddundee.org.uk