



Dreamtime Referral Form

1) Name Date of Birth

Address

..... Postcode

Telephone No Email Address

2) Referred By Designation

Contact Address

..... Postcode

Telephone No Email Address

Date of Referral Method of Referral Phone Letter In Person
(please circle one)

3) Relevant Contacts

1. Name..... 2. Name

Address Address

.....

Telephone No Telephone No

Designation Designation

4) Reason for Referral:

5) Any other Agencies Involved:
(voluntary or statutory)

6) School attended:

7) Where did you hear about the Dreamtime project?

8) Statistical Information Regarding Equal Opportunities

Age of Child/Young Person: 7-10 11-12 13-15 16+
(Please circle one)

Ethnic Origin.....

8) Please return to: Circles Around Dundee
 Dreamtime Project
 The Mark Henderson Centre
 Ann Street
 Dundee
 DD3 7TH
 Telephone: 01382 223372
 Email: admin@circlesarounddundee.org.uk
 Website: www.circlesarounddundee.org.uk