



# The Jan Foundation

## Referral Form

Not all of the following information is essential – it is just helpful. We only need contact numbers and details of when it is safe and/or convenient to call.

**Name:** ..... **Date of Birth:** .....

**Current Address:** .....

.....

**Tel:** ..... **Mobile:** .....

**No of Children (sex and ages)**.....

**Disability:** .....

**How contact can be made safely:** (e.g. times it is safe to call, can she safely be contacted by letter)

**Any specific risks we need to know about.** .....

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**Referral Agency Name:-** .....

**Address:** .....

.....

**Name of Agency Representative:** .....

**Tel:** ..... **Mobile:** .....

**E-mail:** .....

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**Client Consent**

I ..... consent to The Jan Foundation having my contact details

**Clients signature:** ..... **Date:** .....

**Signature of Agency Representative:** .....

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**Return to:**

**The Jan Foundation, 33 Dartmouth Road, Selly Oak, Birmingham, B29 6DR**

**Tel: 0121 415 5047**

**Mob: 07790 952 626 / 07747 825 745**

**e-Mail: info@janfoundation.co.uk**