

Growing Points Referral Form



Please note that this form is for email submission, in exceptional circumstances only.

Please use the web page form if you possibly can. Go to www.growingpoints.co.uk/referral to access the web page form.

Privacy Notice for Customers: GDPR

We collect the minimum amount of data we need in order to support you, i.e. your contact details, date of birth, and details of what you want to achieve when you work with us. We will only share your information with the Guardian who is going to work with you.

If they want to share it with anyone else you must give them permission to do this beforehand.

This pdf has editable fields so you can fill it in electronically. Please send your completed form by email to Jane Rennie, jane@growingpoints.co.uk.

The fields with red boundaries are mandatory. Please complete this referral form with the person being referred:

Name of the person making the referral (*required*)

Name of the organisation making the referral (*required*)

Contact details of the person making the referral (*email only - required*)

Customer's Name (*required*)

Customer's Date of Birth (*required*)

Customer's address (*required*)

Customer's email (*required*)

Customer's mobile number (*required*)

Please describe what help is being sought

It would be helpful if this section was completed by the person being referred

Are there any special circumstances Growing Points should be aware of?

Please indicate for example whether the person would prefer a male or female Guardian, or their immigration status

What would the successful outcomes be?

Please confirm by ticking this box that your organisation will continue to take responsibility for all other aspects of the needs of the person referred

PLEASE NOTE: Growing Points will require the referring organisation to take responsibility for all other aspects of the needs of the person

Date referred *(required)*

The following section is to be completed by the person being referred:

I consent to this information being shared and to be contacted by Growing Points *(please tick box)*

Signed - Please print your name *(required)*

Date *(required)*

Please save the completed form and send it as an attachment to:

jane@growinapoints.co.uk