



**Advice Link Network Referral
Template February 2013**
The referral is made direct to the
provider concerned



Date:

To:

Organisation name	
Contact in the organisation	

From:

Name of referring organisation	
Contact name	
Telephone number	
E mail address	

Customer Details	<i>Please read the customer consent statement below</i>		
Name			
Address			
Telephone number			
Email address			
National Insurance Number (NINO)		Date of Birth	
Reason for referral			
Housing status and household composition where known.			
Income/benefit details where known.			
Additional details			
Contact suggestions E.g. Best time to call / access needs			
Risk considered and checked			

In using this form it is assumed the sender has taken reasonable steps to ensure there will be no risks to the receiving adviser. Council staff should check on the CWR whether there is a current marker. If there is a known risk, the sender must contact the receiving adviser to discuss the situation before referring.

I confirm that the customer has been informed, and agrees, that in order to provide further assistance, the information provided on this form may be passed to other Advice Link Network members. Information will remain confidential at all times and will not be used for any purpose other than that intended.

Signature of person referring:

Date: