



Referral Form

Date of Referral:

1) Organisation Making Referral: Contact Name: Address: Tel: Fax: Email:	2) Client Details: Name: UFN: Address: Tel:.....	3) Organisation Receiving Referral: Contact Name: Address: Tel: Fax: Email:
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4) Referral Appointment Details:
 Date of appointment: Time:
 Appointment with:
 The service provided by this Agency will be (*delete as appropriate)
 * **free**
 * **free initial interview** (any subsequent costs should be discussed with you before your case is taken further)
 * **other**

5) Discussed with client
 Client agreed to the referral: Yes
 Client agreed to feedback being sought on the outcome of my case: Yes No
 Date:

6) For Information:
 Copy of this form given to client: Yes No
 Copy of this form sent to referral agency: Yes No
Reason for Referral:.....

7) File Details:
 Is file transfer appropriate? Yes No
 File reference number/ UFN:
 File copied and sent: In full Extracts
 Any previous legal help funding in this matter? YES / NO
 Yes No
 Comments:.....

Tick if referral required but not possible Please state reasons