# Referral sheet

**Thank you for thinking of us in making this referral to us.**

We would like some basic details from you so that it helps us to prepare before making contact with our mutual client/customer.

**About the person you are wishing to refer:**

| |
|---|
| Name: |

| |
|---|
| Address:<br><br>Postcode: |

| |
|---|
| Email address: |

| | |
|---|---|
| Mobile phone: | Landline phone: |

| |
|---|
| Screen/video phone: |

**Preferred method of contact:**

- ☐ Letter
- ☐ Email
- ☐ Telephone
- ☐ Relay
- ☐ Messenger
- ☐ Online video calls / meetings (Teams, Zoom etc) with an interpreter / captions
- ☐ Online written communication (emails, instant messaging)
- ☐ Face to face communication with an interpreter
- ☐ Smartphone applications (WhatsApp, Facebook)

| |
|---|
| Please provide email address: |

**Which of the following best describes the person you are referring:**

- ☐ Deaf
- ☐ Deafblind
- ☐ Hard of hearing
- ☐ Deafened
- ☐ Deaf BSL signer
- ☐ Deaf with speech
- ☐ Carer or parent of someone who is Deaf or Deafblind
- ☐ Other (please specify):

_____

**Please select their support needs (select all that are applicable):**

- ☐ British Sign Language interpreter
- ☐ Sign Support English Support worker
- ☐ Deafblind sign
- ☐ Lipread
- ☐ Captions
- ☐ Electronic note-taker
- ☐ Other (please specify):

_____

- ☐ Not applicable

**Which ethnic origin best describe our client/customer:**

- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Mixed
- ☐ White British
- ☐ White other
- ☐ Chinese
- ☐ Other ethnic group

**Issue(s) that the person you are referring on needs:**

- ☐ Abuse
- ☐ Isolation/loneliness
- ☐ Lack of communication
- ☐ Lack of 1-2-1 support
- ☐ Needs befriending support to integrate with communities
- ☐ Would like to attend workshops
- ☐ Referring Agent's contact details

_____

**Any further information you would like to share?**

| |
|---|
| |

**Please send it back to deborah@deafinitelywomen.org.uk**

**Thank you.**