

# POSITIVE FUTURES REFERRAL FORM



- \* Please fill in the form fully and clearly
- \* Please tick correct boxes, complete all sections and sign and date the form
- \* If you need help to fill in the form please ask us

## For office use

Initial visit date:

Risk H  M  L

## 1. Beneficiary Information

First Name (s)  Surname

Address (Inc Postcode)

Telephone No: Home  Mobile

Date of Birth  Gender: Male  Female

Are there any rent arrears yes  no  How much

## 2. Brief Outline of Support Required

Employment/Job Hunting  
CV Writing/Interview techniques  
College courses/other training

Confidence Building  
Volunteering  
DLA/Incapacity Advice

**Are there any physical disabilities or mental health issues? Please give details below.  
Do you consider this person to be vulnerable, if so why?**

### Reasons for referral/client needs

In order to support you with your aims, we may need to pass your details to other appropriate organisations. If you have any objections please tick this box

Signed

Print

Date

### Referring Officer Signature

Signed

Print

Date

**PLEASE RETURN THIS FORM TO:**

**Leala Irvine, 1st Floor, Metropolitan House, 20 Brindley Road, Old Trafford,  
Manchester, M16 9HQ**