



We do not knowingly work with Sex Offenders

Referral Form

On completion of this form please email to aaaccounselling@gmail.com

Name of Referrer:	
Address and telephone no. of Referrer	
Date:	
Presenting Issue: Please include Comorbidities	

Name of client:	
Address of Client:	
D.O.B:	
Contact telephone: Client consent to contact via number provided and leave a message: Y N Please circle.	
E-mail: To confirm referral and placement on waiting list Client consent to contact via email: Y N Please circle.	



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<p>Income Please delete which does not apply</p>	<p>*In receipt of Benefits / Not in receipt of Benefits Please note that proof of benefits received will be required</p>
<p>Does the client have any convictions for Sexual Offences? Y N Please circle</p>	<p>If client answers yes, we cannot offer a service under Schedule 1 of the DPA 2018 conditions 17 & 18 apply. Please go to the following specialised service: Stop It Now! UK and Ireland Preventing child sexual abuse</p>
<p>GP and Surgery:</p>	
<p>Current list of medication:</p>	
<p>Is the client currently working with other agencies:</p>	<p>Y N (Please circle, if yes, please give details - with client consent)</p>
<p>Any known risks (i.e. suicide, self harm, harm to others etc...):</p>	