

YOU

Your agency	
Your name	
Your contact details (phone and email)	

CLIENT

Name of client being referred	
Date of birth	
National Insurance Number	
Current address	
Reason for referral	
Medical details	
Any risks to the client or to others	

CONSENT

Client's signature to give consent for this referral	
--	--

OR

Referrer's signature to confirm client has given consent to make this referral	
--	--

Date of referral	
------------------	--

CONTACT US

Please email this form to either dutytorefer@mendip.gov.uk dutytorefer@sedgemoor.gov.uk dutytorefer@southsomerset.gov.uk dutytorefer@tauntondeane.gov.uk dutytorefer@westsomerset.gov.uk with a subject heading "DTR"

The information provided on the form will be processed and stored for the purpose of the homelessness referral and in line with the privacy policy (see homefindersomerset.co.uk).