



BourneFamilyProject

REFERRAL FORM

Play Therapy

Adult Counselling

(Please tick service required)

Date of referral		Referred by	
Agency		Contact Number	
Address		Postcode	

Client Details

Name			
Address (inc Postcode)			
Telephone Number (Home)		Mobile No	
Email address		Date of Birth	
Family Members	Relationship	Date of Birth	

ADULT COUNSELLING SESSIONS (If applicable)

Please state your availability for counselling sessions

Tuesday evening Yes/No

Friday am Yes/No

Wednesday Yes/No

Is a daytime (Wednesday am only) crèche place required?

Yes/No

Sessions are for 50 minutes

PLAY THERAPY (If applicable)

Please state your child's availability for sessions

Mondays Yes/No

Tuesdays Yes/No

Wednesday Yes/No

Preferred times 11am – 1pm

1pm – 3pm

3pm - 5pm

Sessions are for 50 minutes

REASON FOR REFERRAL

I _____ (Print Name)

1 Agree to this referral being made to The Bourne Family Project and I have seen its contents.

2 Agree to The Bourne Family Project holding personal information about me on file in accordance with the data protection act.

3 Give my permission for members of staff from The Bourne Family Project to contact the agencies that I have indicated above on my behalf.

_____ (Signature) _____ (Date)

Thank you for taking the time to complete this form. Please forward it to:

Counselling Administration - bfp@bournechristiancentre.org

The Bourne Family Project
Bourne Chapel, Waters Road, Kingswood, Bristol BS15 8BE
Tel: 0117 947 8441 Fax: 0117 947 8316 E-mail: bfp@bournechristiancentre.org

The Bourne Family Project is part of Bristol Community Church Trust – Registered Charity No: 1044496

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