**Referral to Encompass Southwest for Enquiry, Advice & Support**

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| **FOR REFERRING AGENCIES ONLY;** Please indicate that you, as the referring party, have explained to the client and they agree and understand the following information in order to refer to the Encompass service;* As an agency you are confirming that you are able to share the client information lawfully to Encompas to access the services we provide.
* That personal and sensitive information may be provided by you (the referring agency) about the client(s) in order to make a formal referral into the Encompass service.
* That personal and sensitive data will be shared on a need to know basis in order to make an appropriate referral.
* That personal information may be kept in a file or on computer.
* Encompass Southwest will do its utmost to ensure that information that is kept on file or on a computer is checked for
* accuracy at regular intervals.

To view our full privacy notice please visit: [www.bpag-encompass.org.uk](http://www.bpag-encompass.org.uk) |
| **YOUR DETAILS** |
| Agency name ,your name and role  |  |  |
| Phone number/ Email |  |  |
| Which days and times are best to contact you to discuss? |  |
| Todays Date |  |
| Please indicate which service you wish to refer to? | **Supported Housing/ Financial support/ Young Peoples/Rough Sleeping** |
| **PLEASE NOTE WE WILL BE UNABLE TO SPEAK TO THE CLIENT UNTIL WE HAVE SPOKEN TO THE REFERRAL AGENCY** |
| **CLIENT DETAILS** |
|  **Client Initials** |  |
| **Current Post Code** |  |
| **(Phone/Mobile/ Email)** |  |  |
| **(Preferred method of Contact)** |  |
| **To make the referral please email this form to:** **info@bpag-encompass.org.uk** |
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