**CGL Southwark:** Family & Carers Referral Form

**Updated: July 2020**

|  |
| --- |
| **Guidance Notes** |
| - This is a service for adult (18 years +) family members, partners and friends who care for or are affected by someone else’s drug or alcohol problem- At least one party must be a Southwark resident- We provide advice and information about drug and alcohol dependence and treatment and about services available for families and carers. - We can offer informal face to face or telephone support in the shape of 6 x 1-2-1 sessions and a weekly peer support group - Once referred we endeavour to make contact within a week- Please note that by filling out this form you are confirming that the person being referred gives their consent to be contacted by CGL Southwark- Please send via secure email/password protect documents- If you have any queries and for further information, please contact our Family & Carers Worker Vannessa Williams on **07435 834831** or via email **Vannessa.Williams@cgl.org.uk** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Information**  |  |  |  |
| Full Name |  | Gender |  |
| Contact number(s)  |  | DOB |  |
| Contact email  |  | Religion (if known) |  |
| Best time to contact? |  | Ethnicity | White British, White Other, Black British, Black Caribbean, White Caribbean, Black African, Black Other, Indian, Irish, Pakistani, Bangladeshi, Asian Other, Mixed, Other (please state) |
| Contact address |  |  |  |
| Preferred means of contact? | Phone, email, letter, other (please state) |  |  |
| Who is the Southwark resident? |  |  |  |

|  |
| --- |
| **Reason for Referral** |
| Reason for referral:- Please give us a full description of what is going on in this relationship- Why you are referring this person- Does your service user live with family member/carer?- Please include any other helpful information |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Details** |  |  |  |
| Full name |  | Agency/Service |  |
| Contact number(s) |  | Department/Organisation |  |
| Contact email |  | Referral date |  |

**All information is treated as confidential**