



FOR OFFICE USE ONLY:		
REFERRAL NO:	CLIENT ID:	DATE:
RECEIVED BY:		RESPONSE DATE:

Source of referral (please tick):	
Self-referral <input type="checkbox"/>	Agency referral: _____ <input type="checkbox"/> (Please specify)
Referring friend/family member <input type="checkbox"/>	I am concerned about someone <input type="checkbox"/>

Service user details:

Full Name:		Address &	
Date of Birth:		Postcode:	
Landline:		Mobile:	
Email:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
How can we make contact?	Call-mobile only <input type="checkbox"/> Call-any number <input type="checkbox"/>	Email <input type="checkbox"/> Post <input type="checkbox"/>	Text message <input type="checkbox"/> Voicemail message <input type="checkbox"/>

Referrer contact details:

If you are referring someone else, please give us your name and contact details:			
Full Name:		Organisation:	
Contact Number:		Address &	
Email:		Postcode:	
How do you know this person?			
Referrer to be contacted if the person does not engage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Parent(s)/Guardian(s) are aware of the referral:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Service Requested:			
1-1 support	<input type="checkbox"/>	Family Mediation	<input type="checkbox"/>
Group work	<input type="checkbox"/>	Community Mediation	<input type="checkbox"/>
Family support	<input type="checkbox"/>	Support in my community	<input type="checkbox"/>
Restorative Justice	<input type="checkbox"/>	Not sure yet!	<input type="checkbox"/>

I (please write name) _____ agree to be referred to the Bright Choices service by signing my name here: _____ Date: _____

If you are referring someone else who has agreed to the referral but is not present/unable to sign this document, please print your name here: _____ and sign: _____
Date: ____/____/____

Please return this form to:
Bright Choices Service, SACRO, 29a Albany Street, Edinburgh, EH1 3QN.
Tel. No: 0131 622 7500; www.sacro.org.uk

Please add as much information on this page as you can

Please tell us a little bit about yourself or the person you are referring to our service: (for ex. Strengths, challenges, personal history, etc.)

Please share with us the specific concerns that you have for yourself or for the person you are referring:

Please tell us a little bit about your journey coming to Scotland and reasons for referral to Bright Choices:

Support required:

- To talk to someone about how I feel To know what choices I have To feel less worried
- To go to University/college To get a job To keep myself safe To feel safer in my home
- To communicate better with my family To wear the clothes I like To marry the person I choose
- To keep my family safe To make friends To feel less lonely For my family not to hurt me
- To decide who my wife/husband will be For people in my community to understand me
- For someone to tell my family how I feel For my family to listen to me For my family to respect me
- To stop fighting with my family Someone to speak up for me To have better relationships
- To live somewhere safer I want help for my brother/sister/friend To be more independent

Is there something else you would like help with?