



Referral Form



This form is for use by organisations, family Carers or individuals themselves to request support through **Circles of Support**. Please give / get consent has to forward the information to us.

Circles of Support is a service provided by Every-One. For more information on how we can help, please visit our website at www.every-one.org.uk/circlesofsupport

You are welcome to contact us before you send this form to us.

Person at centre of Circle	Name:	
	Contact Details:	
Family / Friend Carer	Name:	
	Contact Details:	
Referrer <i>(If applicable)</i>	Name:	
	Contact Details:	
What do you want to achieve from setting up a Circle of Support? Have you any goals in mind?		
Brief Description of your circumstances. Please include and disabilities / health conditions that you may have.		
Anything else that we should know before meeting you for the first time? E.g. any recent major changes in your life or any do's & don'ts etc.		

Contact Details

You can contact us direct or be referred (with consent) on our mobile: **07 876 123 037** or by email: circlesofsupport@every-one.org.uk . Alternatively, contact us for the link to our referral portal.

Next Steps

The Circles of Support Team will contact you to understand how we can help and confirm eligibility within the current funding available for us to offer support.

I give my consent / can confirm consent has been given for this referral:

Signed:		Date:	
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