

MADT Referral Form

Name of Person Referred:

Date of Birth:

Gender:

Ethnic / Cultural Background:

Religion:

Address:

Tel:

Referred by:

Role/Status:

Address:

Tel:

Please write a short narrative below describing the *needs* of the person referred, rather than a history of their difficulties. Your referral should be shared and agreed with the person concerned and countersigned by him/her.

*Making a Difference provides emotional, psychological and social support through involvement in daytime **Skills Workshops** and by means of social interaction within the "MADT community". Home and Community support is also provided and the aim of all these services is the enhancement of confidence and self-esteem, and greater independence.*

Continued Overleaf.

Signed by Referrer:

Date:

Signed by Individual:

Date:

Please return this Form to:

Janice Hogg
Project Manager
Making a Difference
Life Skills workshop
Wood Street
Ashton under Lyne
OL6 7LH

Tel: 0161-343-2736

Making-A-Difference@Tisacli.co.uk