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| http://www.snscab.org.uk/assets/Uploads/PotteriesMoneyWise-logo.png | Potteries MoneyWise**Referral Form***Please complete the form in full and return to***pmw@casns.org.uk**01782 408685 | C:\Documents and Settings\bakera\my documents\Downloads\Logo_CMYK_300_A3 (2).png |

|  |  |
| --- | --- |
| **Date of Referral** |  |
| **Client Full Name** |  |
| **Client Address** |  |
| **Client Phone No.** |  |
| **Client Email** |  |
| **Client would prefer contact by:**  *(highlight or circle)* | **Phone call** | **Text** | **Email** | **Post** |
| **Is an interpreter required?** | **Y / N**  | **Language?** |
| **Referrer Name** |  | **Phone** |  |
| **Referrer Role** |  | **Organisation** |  |
| **Referrer Email** |  |

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| --- |
| **Please detail reason for referral, background information & areas of concern (risk):** |
|  |
| **Please tick all issue that the client needs help with:** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Budgeting & Money Management[ ]  | Energy Issues[ ]  | Council Tax Support[ ]  | Benefit Checks[ ]  | Charity Applications or Grants[ ]  | Water bills[ ]  | Debts[ ]  |

 |
| Please highlight/circle if the client would benefit from an in person appointment at our office instead of a phone appointment. If they require a home visit, please state the reason above. | **Y / N** |
| Would the client prefer an AM or PM call when we phone to arrange their appointment with an advisor? | **AM / PM** |

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| **Consent to referral and share data with PMW** | Potteries MoneyWise will process your personal data in accordance with the General Data Protection Regulation and Data Protection Act 2018. Please refer to the Privacy Policy at <http://www.snscab.org.uk/privacy-notice/> for more information on how your personal data will be processed and stored. |
| **Please state if client consents to data share with Potteries MoneyWise**  | **Y / N** |