**Counselling Referral Sheet (Healthcare Workers)**

**CONFIDENTIAL**

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| **Carer Details:** | | |
| Name : |  | |
| Address: |  | |
|  | | |
| Telephone Number: | | D.O.B: |
|  | | |
| Reason for Referral / Background Information (brief description regarding need for Counselling): | | |
|  | | |
|  | | |

Signed ……………………………………………………… Date ……………………………

Healthcare Professional/support worker.

Please complete this form and submit to Sarah White, preferably by email to [sarah.white@derbyshirecarers.co.uk](mailto:sarah.white@derbyshirecarers.co.uk)

Or send by post to Sarah White c/o Chesterfield Carers Centre, 69 West Bars, Chesterfield, Derbyshire S40 1BA marking the envelope “Confidential”.

Please CC all email referrals to Mark Bloodworth, Derbyshire Counselling Service: [itstimetorecover@aol.com](file:///C:\Users\madrasman\Downloads\itstimetorecover@aol.com)

Or post to Derbyshire Counselling Service.Office Suite 1-2. 65 King St. Belper DE561QA

The Counsellor will make direct contact with the Carer to arrange a suitable time and venue for Counselling Session[s].

The service is being funded by the Carers Trust. Funding is limited, we, therefore respectfully request a voluntary one off contribution of £15.00 towards administration costs. This is entirely optional and carers are under no obligation to make payment. If your referral is accepted, please make payment at your first appointment with the counsellor. Payment can be made by cash or cheque payable to Derbyshire Carers Association.

Registered Charity No. 1062777