



PHOENIX ENTERPRISES

Self Referral Form

For office use only

Date received referral:

Date sent out application form/informal visit:

Client Information

Surname_____ First Names_____		
Address_____		

Postcode_____	Tel No_____	Date of Birth / /

Professionals Involved – Please give Name, Practice, Address and Contact Telephone

Doctor	
Support Worker / Link Worker / Social Worker	
Community Psychiatric Nurse (CPN)	
Counsellor	
Supported Housing Contact	
Other	

Why would you like to join Phoenix?

What do we need to know about your physical and mental health?

Physical (e.g. visual or audio impairment, physical disability, epilepsy, diabetes etc.)

Mental (e.g. nature of illness)

Drug or Alcohol Dependency

Any criminal convictions that we need to be aware of

TO BE COMPLETED BY PHOENIX STAFF MEMBER DURING INTERVIEW: Please indicate below anything which may give rise to potential risks or dangers either to themselves or to others.

In accordance with the Data Protection Act of 1998, all information provided on the referral form and in any further dealings with Phoenix Enterprises will be treated as confidential and will not be disclosed to any third party outside of the Partnership without express consent from the client.

Signed Client: Date:

Please return to:

Emma Rees / Karen Hyde
Phoenix Enterprise
Unit A4 Stephenson Road
Groundwell Industrial Est
Swindon SN25 5AX
Tel: 729902