



# REFERRAL NOTE

SWS 03

CONFIDENTIAL (when completed)

Details of the referring organisation			
From		Tel:	Fax:
Reference/ case nr		E-mail:	

Details of the organisation the client is referred to	
To	
Address	Postal code :
District/ region	
Province	Country:

Details of the client	
Full names :	Identity no:
Contact number/s:	
Physical address :	<b>Complete in case of international clients</b>
District :	Nationality:
Town/ city :	Country of origin:
Country :	Status in the country:

Referral of client			
Dear Sir/ Madam The above named consulted our offices on _____ You are requested to assist him/her with services linked to the following. <i>(Mark X where applicable)</i>			
<b>Focus areas</b>	<b>X</b>	<b>Focus areas</b>	<b>X</b>
Poverty alleviation		Care and protection of children/ women/ older persons	
Social integration		Substance abuse	
Family preservation		HIV and Aids	
Mental health/ wellness		Victim Empowerment	
Other (specify)			
Provide brief background/ specify client needs			
Your assistance is always appreciated			
_____	_____	_____	_____
<b>Print name</b> Social Service Practitioner	<b>SACSSP No</b>	<b>Signature</b>	<b>Date</b>

