

X2Y Group Referral Form

If you wish to discuss a potential referral, without using names and details, please email on info@x2y.org.uk

Referrer's Details:

Name: _____

Agency: _____

Job title/relationship to young person: _____

Phone/Email address: _____

Have you discussed the referral with the young person?

Yes No

Young Person's Details:

** providing this information is optional, but it helps the service evaluate accessibility.*

Name: _____

*Sex: Female Male

Age: _____

*Ethnicity: _____

Location: _____

Phone/Email address: _____

Do they wish to speak to a female, or male worker when having the appointment?

Female Male

Please return to;

X2Y Group
Bond House
Bond Street
Wolverhampton
WV2 4AS

PRIVATE AND CONFIDENTIAL

The information will be kept on file until it is no longer needed.
These personal details will not be shared with anyone else.

What do they hope to gain from the group?

Do they wish to participate in one to one counselling?

Yes No

***Health needs/Medication/Disability:**

Other details:

Signed: _____

Date: _____

How did you hear about the Group:

- Word of mouth School/College/University
 Website Base25
 Other (please state) _____

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