**First Person Project C.I.C Referral Form**



|  |  |  |
| --- | --- | --- |
| Forename:  |  | Home Address:  |
|  Surname:  |  |
| DOB:   |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender:  |  | Nationality:  |  |
|  GP Name/ Address/ Contact number:    |  | Contact Number:  |  |
| Email Address:  |  |

**Referred by:**

|  |  |
| --- | --- |
| Name:     |  |
| Organisation:    |  |
| Contact Number:  |  | Address:  |
|  Email Address:  |  |

First Person Project CIC is an award winning not-for-profit 'Community Interest Company' on a mission to support & empower communities across the Liverpool City Region, improving mental health through socially progressive change.

 **Details:**

|  |  |  |
| --- | --- | --- |
| Reason for Referral:    |  |  |
| What support is needed from First Person Project?:    |  |  |
| Does this person have any protected characteristics as defined in the ‘Equality Act 2010’?   YES NO  | Details:  |  |
| Safeguarding Concerns (if any):  | Risk Concerns (if any):  |  |

**Consent:**

The individual above consents to the referral to First Person Project and is happy to be contacted from them to discuss next steps

Signed: Date:

First Person Project CIC is an award winning not-for-profit 'Community Interest Company' on a mission to support & empower communities across the Liverpool City Region, improving mental health through socially progressive change.