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| --- |
| **External mentee referral form** **Please complete ALL sections**  |
| Name of Referrer:Organisation:Email address of referrer: |
| Date of referral: |
| **Client details** |
| Title | First name | Surname  |
| Address:Postcode: |
| Tel (home and/or mobile): |
| Email: |
| Work you have already undertaken and/or planned with client: |
| **Does the client need: (tick all that apply)**:[ ]  A mentor [ ]  Legal advice from ADVICE4RENTERS[ ]  Training on debt or assistance with fuel poverty |
| If a mentor is required please note the clients’ interests (eg. Singing, sports, socialising etc.): |
| Days and times when client is available for mentoring or an appointment with a legal adviser: |
| Will you continue to work with this client following referral? (please circle) **Yes / No** |

Thank you for completing this referral form. Please return it to:-

**Elizabeth Salmon**

**Advice4Renters**

**36-38 Willesden Lane**

**Kilburn**

**London NW6 7ST**

Or email: elizabeth.salmon@advice4renters.org.uk