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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](mailto:elizabeth.salmon@advice4renters.org.uk)