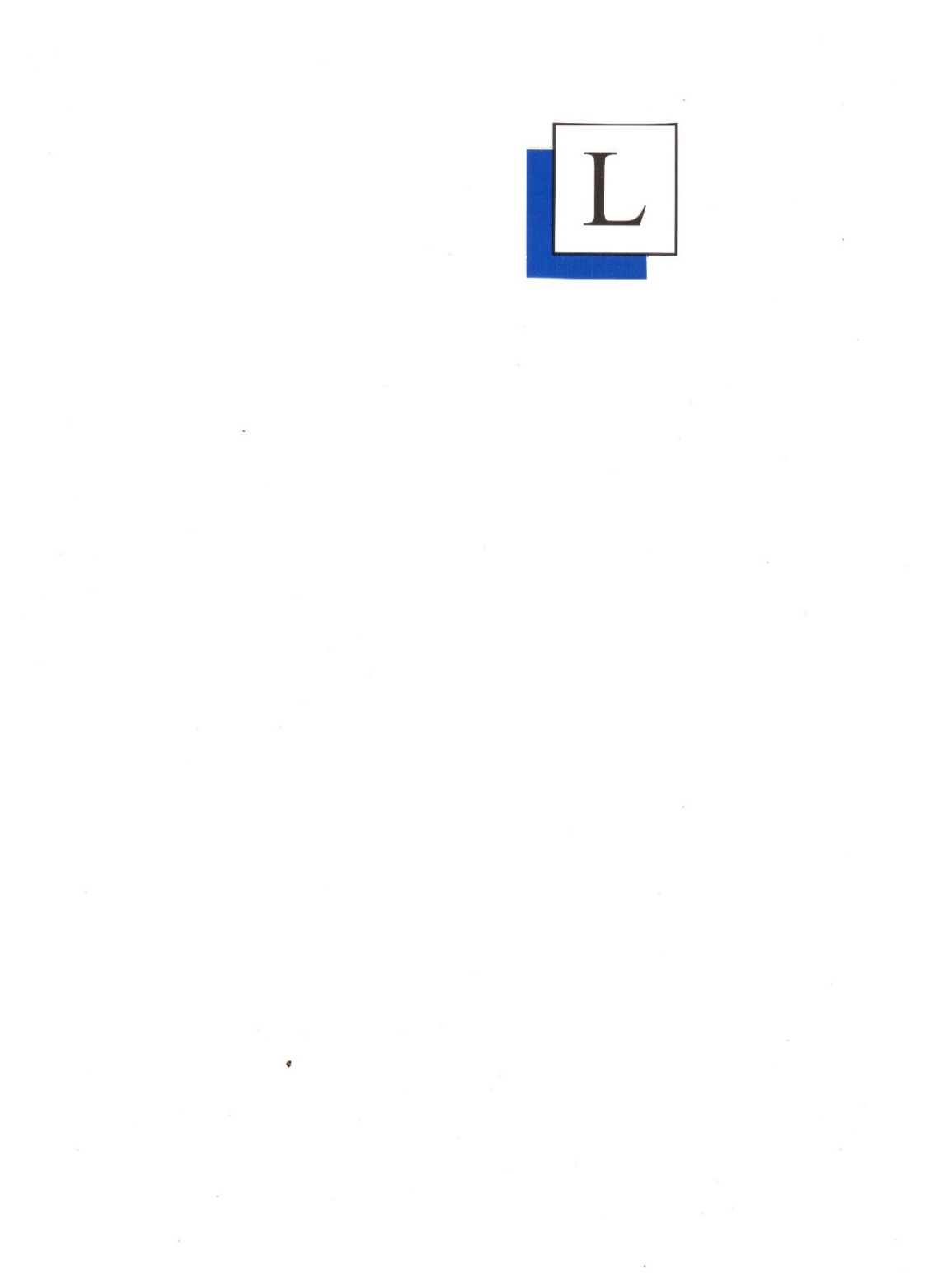
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**The Leonardo Trust**

**5 Dunyeats Road**

**Broadstone, Dorset**

**BH18 8AA**

**t: 01202 698325**

**e: counselling@leonardotrust.org**

|  |
| --- |
| Office use only  Date Received |



**Agency Referral Form**

**Agency details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency Name |  | | | | | |
| Your Name |  | | | | | |
| Your Role |  | | | | | |
| Agency Address | |  | | | | |
|  | | | | | Postcode |  |
| Tel No. |  | | Mobile No. |  | | |
| Email |  | | | | | |

**Young Carers details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | |
| Address |  | | | | | | | | |
|  | | | | | | | Postcode | |  |
| Tel No. |  | | | | Mobile No. |  | | | |
| Email |  | | | | | | | | |
| Date of Birth | |  | | How long have they been a young carer? | | | |  | |
| Name of person cared for, their age and their relationship to young carer | | |  | | | | | | |
| Name of School/College attended | | |  | | | | | | |
| Contact at school and their position | | |  | | | | | | |

**Supporting Information**

|  |
| --- |
| Please tell us how a course of counselling would help the young carer? Are there any safeguarding concerns we should be aware of? |
|  |

The trustees regret we are unable to reimburse costs already paid or anything that has been booked, contracted for or reserved prior to our agreement to fund/part-fund the cost.

|  |  |  |  |
| --- | --- | --- | --- |
| I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of selection and administration. The information I have given in this application is, to the best of my knowledge, true and accurate. I accept that any false or misleading statements may be sufficient cause for rejecting an application. A copy of our Grant Making Policy is available on our website, [www.leonardotrust.org](http://www.leonardotrust.org) or alternatively from our Broadstone office. | | | |
| Signature of Professional |  | Date |  |