******The Leonardo Trust**

**5 Dunyeats Road**

**Broadstone, Dorset, BH18 8AA**

**t: 01202 698325**

**Agency Referral Form**

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

 **e: counselling@leonardotrust.org**

**Agency details**

|  |  |
| --- | --- |
| Your Name & Job Title  |  |
| Agency Address |  |
| Tel No. |  | Email |  |

**Carers details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | How long have they been a carer? |  |
| Address |  | Postcode |  |
| Tel No. |  | Email |  |
| Date of Birth |  | Who lives with the carer? |  |
| Does the carer or anyone else in their household work? Please describe |  |
|  |
| **Please tell us about the Carers financial circumstances** |
| Benefits they receive*(Please enclose evidence)* |  |
| Household Income*(Either per month or P.A. Please include all members of their household)* |  |
| Total savings  |  |

**About the person cared for**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person cared for |  | Relationship to carer  |  |
| Please describe their illness or disability |  |
|  | Age |  |

**How would a course of counselling help the carer?**

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| When explaining how a course of counselling would help a client, please explain how day-to-day life is impacted, what they hope to gain from counselling and what would the client like to discuss in the sessions. |
|  |

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| I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of eligibility 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** |  |