



RESPONSE TO REFERRAL

RE: CONFIDENTIAL REFERRAL

| | | | |
|-----------|---------|---------------|--|
| Date: | / / 200 | | |
| To: | | | |
| Position: | | Organisation: | |
| Phone: | | Fax: | |

| | |
|------------------------------|--|
| For: (Name of Young Person): | |
|------------------------------|--|

| | |
|--|---------------------------------------|
| This referral has been discussed and | |
| <input type="checkbox"/> Referral Accepted | <input type="checkbox"/> Not Accepted |
| If not accepted why? | |
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|--|------------------------------|-----------------------------|
| This referral has been discussed with the client and they have agreed to the referral | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permission for service to let the referral agency know the outcome of the referral. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--|--|---------------|--|
| If you have any further inquiries please contact | | | |
| Name: | | | |
| Position: | | Organisation: | |
| Phone: | | Mobile: | |
| Fax: | | Email: | |

| | | | |
|----------------------|--------------|-------------------|--------------|
| Organisation: | Name: | Signature: | Date: |
| | | | / / |