**CLIENT REFERRAL FORM**

**Please note our hourly rate is £16.50 plus VAT. Mileage with the Companion and client is charged at 50p per mile. Unfortunately, we are not registered with the Care Inspectorate or insured to carry out any personal care. This includes toileting, feeding, dressing, moving and handling, showering, or using hob and oven.**

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| --- | --- | --- | --- |
| Name of person being referred (client): |  | | |
| Client’s Address: |  | | |
| Client’s Tel No: |  | | |
| Client’s DOB: |  | | |
| Name of person making referral and relationship to client: |  | | |
| Referrer’s telephone number and email address: |  | | |
| Brief background on client: |  | | |
| Service requirements ie number of hours requested, days, times: |  | | |
| Is the home visit to be a joint visit with Referrer? |  | | |
| Days and times available for initial visit: |  | | |
| How will service be funded: | Private | | |
| Signed: |  | Date: |  |