

REFERRAL OF CLIENT TO DUNDEE CITIZENS ADVICE BUREAU
Please complete and email this form to bureau@dundeecab.casonline.org.uk



1. Referrer's name:
2. Referrer's phone number:
3. Referrer's email:
4. Date of referral:
5. Full name of client:
6. Client's date of birth:
7. Contact details for client: Name
- Address:.....
- Phone number:
- Email:

Brief summary of query:

7. If the client is not able to deal with us direct then we can, under some circumstances, deal with a 3rd party, such as an attorney, a guardian, an appointee or a support worker. (proof will need to be provided). If we need to deal with a 3rd party, please state their name:

Name of 3rd party:

Do they act as attorney/appointee/guardian/support worker/other (delete as applicable)

Contact details for 3rd party): Name.....

Address:.....

Phone number:

Email:

8. Please tick the boxes or type "YES" to confirm that the client (or the person who has legal authority to deal with their affairs) has verbally confirmed to you that they authorise Dundee Citizens Advice Bureau

to make contact with them (and/or third party if applicable)

to keep a record of their case including any sensitive personal data

to report back to the referring agency if they cannot make contact with the client