The DARA Project

Woodstock Street, Athy, Kildare, R14 W283

REFERRAL FORM

Referral Agency:		
Referrer's Name & Position:	Email:	Telephone:
Client's Name:		
Client's Signature:		SIGN
	Telephone:	DOB:
	Email:	
Home Address:		
Emergency Contact:	Name and Address:	
	Relationship to client:	

County Kildare
LEADER PARTNERSHIP

An Roinn Gnóthaí Fostaíochta agus Coimirce Sóisialaí
Department of Employment Affairs and Social Protection

Reason for referral:	
What are the primary substances the client is in recovery from?	
List of any other services that the client is currently engaged with?	

Existing Key Worker:	Name:	Telephone:
	Email:	

Does the client have any personal, cognitive or medical issues that may affect their participation in our group therapy or programme?	
Please provide a list of prescribed medication the client is on:	

I, the referrer, have the consent of the person named above to make this referral:

Signature:	SIGN
Date:	

The DARA Project, Woodstock St, Athy, Kildare, R14 W283

Alan - 087 6238558 Kenny – 087 6718661 Sean – 087 2671065

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