**Oasis Project Referral Form**

* Please use this form if you would like advice, help or guidance concerning your drug or alcohol use. It’s the same form to refer to the HOPE (18-25) service and to Oasis adult services
* Please return completed forms to [referrals@oasisproject.org.uk](mailto:referrals@oasisproject.org.uk) and we will be in touch soon to arrange an assessment.

|  |  |
| --- | --- |
| CLIENT NAME |  |
| Name of person completing this form, including organisation (if applicable) and contact details  *If you are making a self-referral, leave this section blank* |  |
| Date referral made |  |
| Date of Birth |  |
| Ethnicity |  |
| Gender |  |
| Pronouns |  |
| Address  *Postcode must be BN1, BN2, BN3 or BN41* |  |
| Telephone Number |  |
| Email Address |  |
| Can we contact you by: | *Please indicate* |
| Phone | Yes/No |
| Text message | Yes/No |
| Voicemail | Yes/No |
| Email | Yes/No |
| Letter | Yes/No |
| Please describe your current experiences with drugs / alcohol.  You might tell us which substance(s) you are using, how much you are drinking/using and how often. |  |
| Are you currently receiving any other support e.g. from a mental health or housing service? If so, please tell us which service/s and provide a contact name / details if you can. |  |
| Have you ever accessed support around drinking or drug use before? |  |
| How did you hear about Oasis? |  |
| Do you have any disabilities or access requirements? |  |
| Do you have any children? If yes, what are their ages? |  |
| Are they living in the same home as you? |  |
| Is there anything else you’d like to tell us? Anything we haven’t asked yet that you think we should be aware of? |  |

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* If you require access to the creche please see the website for more info <https://www.oasisproject.org.uk/young-oasis/creche/> or complete the referral form [here](https://www.tfaforms.com/4939550) or give us a call on 01273 696970 and we can help arrange a creche space