# A white background with black text Description automatically generated with low confidence

# Referral Form

**Name:** **Date:**

**Date of birth:**

**Address:**

**Phone number:**

**Email**:

**Reason for referral**

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**Referral type:** Self-referral Another If another, please provide contact details below

**Name of referrer:**

**Organisation:**

**Phone number:**

**Email:**

**What wellbeing service are you interested in?**

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**How we process the information you provide**

We take your privacy seriously and promise to never sell your data. We will use the information you have provided to administer your application and provide you with the services you have requested. Once you have completed the form, we will contact you about the service you have expressed an interest in.

You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our Privacy Policy which can be accessed through our website or by contacting the office. For more information, or to withdraw your consent to us processing your data, contact the office on 01208 892855 or email [info@cornwallmind.org](mailto:info@cornwallmind.org)