**BAME Peer Support Group**

**Sign Up Form**

Please fill out all sections below.

|  |  |
| --- | --- |
| Attendee Name |  |
| Telephone number: |  |
| Email Address |  |
| Service attending: |  |
| Name and contact details of Worker: |  |
| Please state any relevant client info here:(e.g. agreed plans for groupwork) |



Please send completed referral form to facilitator

mehreen.akhtar@commlinks.co.uk