



## **Referral Form**

**Name:**

**Address:**

**Post Code:**

**Telephone Number:**

**Email:**

**D.O.B:**

**Referrer Name:**

**Team:**

**Address:**

**Post Code:**

**Telephone Number:**

**Email:**

**What do you hope to achieve from attending Potsford Farm?**

**Will you bring your own support?**

**If not;**

**What level of support do you think you will need (5:1 or 1:1)?**

**How would you get to Potsford Farm - bus/train/lift/drive/taxi?**

**How will your placement be funded?**

**Do you have any special requirements/requests that we should know about?**

**Please return this form with any other information you feel may be important/relevant such as a current care plan and risk assessment. This information will be treated in the strictest confidence. We will be in touch at the soonest opportunity to arrange a suitable time to meet us and visit the farm. If you have any further questions or concerns please feel free to contact us.**

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