

DORSET RECLAIM – REFERRAL FORM

This form can be sent by post, email or used when visiting us

Dorset Reclaim, 85 Stanley Road, Bournemouth, Dorset BH1 4SD

Tel: (01202) 773384 - **Email:** darren@dorsetreclaim.org.uk

Opening Times: Monday to Thursday: 9.30am - 4.30pm • Friday: 9.30am - 4.00pm

:: Client Information

Client's Name:

Full Address:

Tel Number:

:: Organisation / Agency Information

Referring Organisation:

Referring Officer:

Full Address:

Tel Number:

Email:

:: Purchase Information

Required Items:

Who is responsible for Payment:
... Please tick

Agency:

Client:

Jointly:

Maximum Allowance:

:: Extra Information

Anything else you wish to tell us:

- This form is valid for 6 weeks from the date of referral.
- If possible bring transport with you on the day of your visit. Dorset Reclaim offers a delivery service at nominal cost although there may be a delay between your visit and Dorset Reclaim being able to make the delivery.

I can confirm that the referral meets the criteria for the project.

Signed:

Dated: