

DORSET RECLAIM – REFERRAL FORM

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

Dorset Reclaim, 85 Stanley Road, Bournemouth, Dorset BH1 4SD
Tel: (01202) 773 384 - **Fax:** (01202) 309 067 - **Email:** ray@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: <i>... Please tick</i>	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: