

Please select which bureau to send to;

Central Borders enquiries@centralborderscab.casonline.org.uk

Peebles manager@peeblescab.casonline.org.uk

Roxburgh & Berwickshire

enquiries@roxburghcab.casonline.org.uk



Referral Form

Person/Organisation making the referral;

Name	
Job Title	
Contact Details (Email and Phone)	
Brief description of what you are doing to support the client	

Consent given by the client to be referred? Yes No

Person being referred;

Full Name	
Full Address	
D.O. B	
Contact Details (Email and Phone)	
Brief description of clients issue that CAB can assist with.	
Do you know of any other organisations already assisting the client? If yes, please list the organisation and their role.	

Important notes

- Information recorded on this form is subject to Data Protection Regulation and to the highest standards of client confidentiality. Copies of this referral will be stored securely
- The bureau will attempt to contact the client 3 times over the course of 5 working days. If no response we will advise the referring organization and this information will be destroyed.
- CAB will only provide feedback of progress if express consent to do so is given by the client

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