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E-mail: [enquiries@communitylawservice.org.uk](mailto:enquiries@communitylawservice.org.uk) Website: [communitylawservice.org.uk](http://communitylawservice.org.uk)

### AGENCY REFERRAL FORM

Client name:				
Client address				
Postcode				
Client telephone number				
Client email				
Client date of birth				
Your name				
Your organisation				
Your email address				
Your telephone number				
Reason for referral				
Area of law	<input type="checkbox"/> Debt	<input type="checkbox"/> Housing	<input type="checkbox"/> Benefits	<input type="checkbox"/> Employment
	<input type="checkbox"/> Immigration			
Does the client have any access or language needs? If so please give details				
Are there any deadlines?				
Consent to be signed by client:				
I consent to the information contained in this form being sent to Community Law Service (Northampton and County) and for them to record and keep this information either in paper or electronic format, in accordance with the GDPR (EU) 2016/679. I understand that my details will not be passed to any third party without my further express consent.				
Name: .....		Date:.....		
Signature: .....				

**Please post this form to the address above, fax to (01604) 232412 or email [enquiries@communitylawservice.org.uk](mailto:enquiries@communitylawservice.org.uk). We aim to contact all clients within 3-5 working days of receiving this form. We will attempt contact 3 times, if we are unsuccessful we will write to the client advising of how they can contact us should they still require assistance.**