Canterbury and District Mental Health Forum

Referral for Peer Support Brokerage

Client Name	
Client Address	
Client Phone	
Client Email	
Has the Client been involved in this referral? If no, why?	
Care Co-ordinator	
Care Co-ordinator Address	
Care Co-ordinator Phone	
Care Co-ordinator Email	
Indicative Budget (if agreed)	£
Support Needs Identified	1. 2. 3. 4. 5.
Risk factors/triggers the Broker should be aware of.	

Signed (Client): …… Date: ……..

Signed (Care Co-ordinator): …… Date: …….

Completed forms should be returned by email to office@peersupportbrokers.co.uk or by post to the following address, marked Private and Confidential:

Canterbury & District Mental Health Forum (PSB), 34 Military Road, Canterbury, Kent, CT1 1LT.

34 Military Road, Canterbury, Kent, CT1 1LT - 01227 788211 – cadmhforum@btconnect.com
Register Charity 1069836, Registered with the ICO Z3472669.