

REFERRAL FORM
to WE CARE Community Services Ltd

(updated as at 27/04/2023)

Email to: help@wecare.org.sg / **Tel:** 3165 8017

Fax to: WE CARE Community Services Ltd / (65) 6491 5338

Referred by: _____ Date: _____

Organisation: _____ Email: _____

Designation: _____ Tel: _____

☐ I/we declare that we have obtained consent to the collection, use and disclosure of the referred person's personal data, and/or assess that this disclosure is in the interests of the referred person, for evaluative purposes for receiving services from WE CARE Community Services.

Signature: _____

Information on Referred Person

Name of Person (as per NRIC) : _____

Date of Birth: _____ Gender: M / F Nationality: _____

Address: _____

Contact Tel: _____ (Home/Other) _____ (Mobile)

Education Level: _____ Marital Status: _____

Spoken language: English / Malay / Mandarin / Tamil / Others

Primary Issue: Drugs / Alcohol / Gambling / Sex / Compulsive Behaviour / Shoplifting / Others

Referral to (cross the boxes):

[] Support Group [] Counselling [] Programme [] Others ()

Remarks: _____

To be completed by WE CARE: (To reply to referring agency within 5 working days)

Received referral on: _____ Attended by Counsellor/RSO: _____

Outcome of Referral: _____
