



No. 4 Agencies Referral Form

At number 4 we identify the needs of young people and work with them in a focused coordinated way to meet those needs. No. 4 is a venue of welcome, friendship and challenge. It is a place where an individual is given the opportunity to find a sense of their own self-worth, to become more self-confident and more self-reliant, and to overcome any difficulties that they may encounter.

Many service users enter the service through our open door policy without referral. However agencies can also use this formal referral system if it suits the needs of their service and the applicant.

Applicant Information

Name:	Telephone No:
Date of Birth:	Address:
Male/Female:	

Is there anything in particular the applicant would like help with? Please tick any relevant boxes

<input type="checkbox"/> Assistance with looking for employment/education/volunteering	<input type="checkbox"/> Assistance with budgeting
<input type="checkbox"/> Numeracy & Literacy Classes	<input type="checkbox"/> Use of Shower and Laundry facilities
<input type="checkbox"/> Assistance with CV Writing and job applications	<input type="checkbox"/> Assistance with learning how to cook
<input type="checkbox"/> Assistance with applying for Welfare entitlements/filling out forms	<input type="checkbox"/> Access to Breakfast/Dinner
<input type="checkbox"/> Accompaniment to Appointments	<input type="checkbox"/> Use of Phone to make appointments/viewings
<input type="checkbox"/> Information/Referral to services/agencies	<input type="checkbox"/> Assistance with researching hobbies/ interests /activities
<input type="checkbox"/> Assistance with Driver theory Test	<input type="checkbox"/> Use of Resource Library & Computer facilities
<input type="checkbox"/> Support/Information on health and well-being	<input type="checkbox"/> Socialization in a safe space

Is there anything else that you feel the team at number 4 could assist with that is not listed?

Is there any other information you would like to share?

Referral Agency Details

Agency Name:
Address:
Contact Person:
Telephone:
Date of Referral:

Signed: _____ **Date:** _____

Referrals can be sent by post to Number 4, Augustine Street, Galway City, and also by email attachment to gdyouthservices@gmail.com. When sending via email please put 'Number 4 Referral' in the subject line and we will get back to you as soon as possible. For any further queries you can call us on 091 568 483.