|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Opening times: 9:30-14:30 Monday, Wednesday & Thursday 01204 361 704 babybasics@bridgebolton.com | | | |
|  |  |  |  |
|  |  | Referral Form | |
| Date of request: | | |  | | | | |
| Request made by: | | |  | | | | |
| Agency: | | |  | | | | |
| Contact details: | | |  |  | | |  |
|  | | Phone: |  | | | | |
| Email: |  | | | | |
| The following information is in relation to the client: | | | | | | | |
| Client’s name: | | |  | | | | |
| Baby due date: | | |  | | | | |
| English speaking – yes/no?  If no please state language spoken | | |  | | | | |
| Address: | | House no: |  | | | | |
| Street: |  | | | | |
| Town: |  | | | | |
| Postcode: |  | | | | |
| Is the client living in a Bolton at Home property?: | | | | | Please select | | |
| Yes | |  |
| No | |  |
| Unsure | |  |
| Baby gender: | | | | | Please select | | |
| Male | |  |
| Female | |  |
| Unknown | |  |
| Reason for referral: | |  | | | | | |
|
|
| Would your client like Afro hair and skin care products?: | | | | | Please select | | |
| Yes |  | |
| No |  | |
| Item required? - Please select from the items below | | | | | | | |
|  |  |  |  |  | Please select | | |
| **Moses Basket Starter Pack:** Moses basket containing 0-3months baby clothes, bedding, toiletries. | | | | |  | | |
| **Starter Pack:** 0-3months baby clothes, bedding, toiletries, **no basket**. | | | | |  | | |
| **Moses Basket:** Moses basket and new mattress. | | | | |  | | |
| **Mattress for Moses basket (no Moses basket required):**  Please state inner dimension of basket (length & width in centimetres). | | | | |  | | |
| **Baby Toiletries:** Please specify e.g. nappies (please state size), baby wash, baby wipes. | | | | |  | | |
| **Baby Bath** | | | | |  | | |
| **Labour Bag:** Small holdall containing nightie, flipflops, toiletries and baby clothes - please note, these are limited essentials and should only be requested for your most vulnerable clients. | | | | |  | | |
| **Is there anything else that you require that is not listed?**  (Other items may be available subject to stock) | | | | |  | | |
| On completion of this form please email it to: [babybasics@bridgebolton.com](mailto:babybasics@bridgebolton.com) | | | | | | | |
|  |  |  |  |  |  | |  |
| If you need to discuss a referral with our team, please call 01204 361704. | | | | | | | |
| On receipt of this referral, we will contact you to arrange a date/time for collection. Your referral will not be processed until we have received confirmation that you will collect on the specified date/time. | | | | | | | |
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| Thank you. | | | | | | | |