



SURVIVORS OF DEPRESSION IN TRANSITION (S.O.D.I.T)

REFERRAL FORM

PRIVATE & CONFIDENTIAL

TO BE FILLED IN BY AN APPROPRIATE AGENCY OR PRACTITIONER &
RETURNED TO THE S.O.D.I.T OFFICE.

Referral Name:

Referral DOB:

Referral Address:

Postcode:

Referral Contact number: _____ / _____

(Inc dialling code)

Can the referral be contacted on this number? Yes No

Can we leave a message on this number? Yes No

Please state reasons for referral:

How did you find out about S.O.D.I.T?

Name of referrer: _____

Date of referral: _____

PRACTICE STAMP/AGENCY NAME & ADDRESS:

Can we contact you on behalf of the referral? Yes No

Additional/Supporting information for the referral:

DISCLAIMER: Any data you provide will be confidential in accordance with the Data Protection Act (1998) and the GDPR 2018 regulations. Your details will only be available to the facilitator and approved S.O.D.I.T staff/volunteers retrospectively. A hard copy will be kept in a locked cabinet within the S.O.D.I.T office. Any records that are kept electronically are 2 factor password protected and further protection is provided through a double firewall on a local server based in office 8. Any records will be destroyed upon request. At no time will these details be available to anyone apart from those named parties and at no time will the information you supply be made available to third parties.

Please return to:

Survivors of Depression in Transition

**S.O.D.I.T
Office 8
SYAC Business Centre
110-120 Wicker
Sheffield
S3 8JD**

Email scanned copy to referrals@sodit.org