**KNIFE CRIME, LET’S TALK ABOUT IT!**

**REFFERAL FORM**

All Schools must complete the referral form to partaking in the service, before the talk on knife crime can commence.Please email the completed form to us at info@youandmecounselling.org.uk, thank you.

**SCHOOLS CONTACT DETAILS**

|  |  |
| --- | --- |
| First Name: | Second Name: |
| Schools Name:  Email Address: | Schools Address:  Postcode |
| Schools Phone Number: | Contact Name: |
| Please provide a time for the assembly to take place. | Time: |

**ASSEMBLY DATES**

Please provide 4 dates of which you are available for us to come into the school and present a knife crime talk to your students. Please be aware that this will need to be held on a **Friday**. Unfortunately no other days will be available.

|  |  |
| --- | --- |
| Option 1 | Date: |
| Option 2 | Date: |
| Option 3 | Date: |
| Option 4 | Date: |

Thank you for completing our referral form. We will be in touch shortly to offer you a date!