



The Shoebox Fairies Referral Form

Date _____

Box Requested *(please tick as appropriate)*

Mother & Baby Box	Neutral	Girl	Boy	
New Beginnings Box	Small	Medium	Large	Extra Large
	8-10	12-14	16-18	20-22
Xmas – Children				
Xmas - Elderly				
Xmas- Homeless				
Xmas – Young Adult				

Name of Referrer _____

Role of Referrer _____

Agency of Referrer _____

Contact Number _____

E-mail _____

Age of service user _____

Gender of service user _____

Why would your client benefit from one of our boxes? (Examples may include victim of DV living in a refuge, homelessness, supported housing etc.)

I declare that all the information provided on this form is true to the best of my knowledge and I have no conflict of interests

Signed _____