



Referral Form

RSABI was established in 1897. It is a charity that provides financial assistance and/or support to those who are, or have made their living from, farming, crofting or growing.

Confidential Helpline 0300 111 4166

Person referred:

Surname:

First Name (s):

Address:

Post Code:

Telephone:

Date of Birth:

Age:

Referral made by:

Name:

Agency:

Telephone:

Job Title:

Work Base:

Work History:(please tick)

Currently involved in farming, crofting or growing

Retired from farming, crofting or growing

Unable to work due to ill health/disability/crisis

A dependant of any of the above

Reason for Referral-include a brief description of support needed

Referred person's signature:

I agree to this referral to RSABI and understand that I will be contacted to discuss this referral by RSABI

Signature:

Date:

Referred person's signature to feedback to referral agency:

I agree that RSABI can disclose the outcome of this referral with the referral agency as stated overleaf.

Signature:

Date:

Please return to RSABI by

Post: **RSABI, Rural Centre, West Mains, Ingliston, Newbridge EH28 8NZ** Tel 0131 472 4166

Email: **rsabi@rsabi.org.uk**

For Office Use

Referral received by

Date

Contact by T/E/L/V

Date

Application completed Y/N

Allocated to:

Outcome