



DSP CE Drugs Rehabilitation Place

Information Release Consent Form

I _____ have read the attached Referral document and am satisfied that it is being used as a Referral Form to support my application for a drugs rehabilitation place on DSP Community Employment.

I understand the document will be held on file by the CE Scheme or /and DSP and available for reference and Scheme monitoring purposes.

I understand that the submission of this Referral Form is part of the referral procedures and does not guarantee me a place on CE.

Service User's signature _____

Referral Practitioner's Signature _____

Date _____