

To Melville Housing Association  
The Corn Exchange  
200 The High Street  
Dalkeith  
EH22 1AZ

From (Name of Agency)

Name of person making referral

Telephone number

E-mail

**Client details**

Name

Address

Telephone

Brief outline of case and type of help required

**Signed**

Client signature. I agree to the referral being made to Melville Housing Association.

I agree that Melville and \_\_\_\_\_ can discuss this matter and I consent to these details being kept on record.

**Signed (client)**