



**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** \_\_\_\_\_