

**ANGUS COUNCIL SOCIAL WORK
REQUEST FOR CONTACT WITH THE CLIENTS'
RIGHTS SERVICE**



Name: _____

DOB: ___ / ___ / ___

Gender: *MALE/FEMALE (* delete as appropriate)

Race: _____

Religion: _____

Home Address: _____

Current Address: _____ **Postcode:** _____

Postcode: _____

Tel no (inc std): _____

WHAT HAS BEEN YOUR CONTACT WITH SOCIAL WORK?

**PLEASE GIVE THE NAME OF THE SOCIAL WORKER/CARE MANAGER
YOU HAVE HAD CONTACT WITH:**

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CRS 01

OPTIONAL: If you are completing this form for someone else please give the following information about yourself:

Name: _____

Address: _____

Postcode: _____

Tel no (inc std): _____

Relationship to person named above: _____

REASON(S) FOR CONTACT:

DATE: ___/___/___