

Referral Form

Going Smoke-free



Referrers name:

Local Authority:

Contact telephone:

Date:

I have given the following company/business/organisation a "Going Smoke-free" toolkit:

Yes No

(Please complete name of business, address and contact address and telephone number here)

Please select which of the following actions you require of Smoke Free Suffolk: -

- Please could you carry out a general follow-up enquiry
- Specific help to set up/implement a policy was requested from the above named company/business/organisation please could you follow this up
- The above named company/business/organisation would like to attend one of the seminars, please could you send them a flyer and booking form

Please return completed forms to:

Peter Harclerode, Coordinator
Smoke Free Suffolk
Suffolk Public Health Network
Suffolk House, St. Clements Hospital
Foxhall Road, Ipswich, IP3 8LS