

CLIENT REFERRAL FORM

PART 1: CLIENT INFORMATION

Client Name: _____ Age: _____
Appointment Date: ____ / ____ / ____ Appointment Time: _____
Type of Clothing: Job Interview Court Appearance Special/Other Occasion
Home Address: _____
Home Phone: _____ Mobile: _____ email: _____
Education level: _____ Ethnicity: _____
Type of job sought: _____
Clothing size: 6 8 10 12 14 16 18 20 22 24 26 Shoe size: 5½ 6 6½ 7 7½ 8 8½ 9 9½ 10 10½ 11 11½

PART 2: REFERRAL AGENCY INFORMATION

Agency Name: _____ Contact Name: _____
Agency Address: _____
Contact email: _____ Contact Phone: _____

PART 3: CLIENT STATEMENT OF UNDERSTANDING

I understand that Dress for Success Sydney is a by-appointment-only service, with assistance by a volunteer who will give her time and expertise to provide me with a suitable outfit, subject to availability. I will make every effort to keep my scheduled appointment with Dress for Success Sydney and if the appointment needs to be changed, Dress for Success Sydney will be notified well in advance. I understand that punctuality is expected.

Dress for Success Sydney can:

- Use my name, photograph and story in any of its publications or promotional materials Yes No
- Undertake follow up interviews with me for research and to evaluate boutique services Yes No
- Use my contact details to contact me about future programs and events Yes No

Client signature: _____ Date signed: _____

Note that children, friends or family members do not attend your appointment at Dress for Success Sydney

OFFICE USE ONLY

Volunteer's Name: _____

Initial Client Feedback: Not Satisfied Satisfied Very Satisfied

Item received: _____ Colour: _____ Size _____
Item received: _____ Colour: _____ Size _____
Item received: _____ Colour: _____ Size _____
Item received: _____ Colour: _____ Size _____
Item received: _____ Colour: _____ Size _____