** **

**REGISTERED INTEREST FORM “Lily”**

|  |  |
| --- | --- |
| Referral Date: |  |
| Date Received:(to be filled out by Glow) |  |

Participant Details:

|  |  |
| --- | --- |
| Young Person’s Name |  |
| Address |  |
| Age |  |
| Parent/Carer Name and Telephone Number |  |
| Email |  |

**Please return this form to: GLOW – info@glowni.com**

**Address: City Life Centre, 143 Northumberland Street, Belfast, BT13 2JF, 02890 239572**