Communicare in Southampton

...helping neighbours in need

Confidential Client Referral Form

Date of referral

Your (the referrer's) contact details			
First Name	**Last name**	**Position and Organisation**	
Landline		**Mobile**	
Email			

Details about the client			
Title *Mr/Mrs/Miss/Ms etc*	**First name**	**Last name**	**Date of birth**
Address including postcode	**Landline**		
	Mobile		
	Email		

Is the client aware of the referral?		**Does the client smoke?**		**Does the client use any walking aids?**	
Please state walking aid(s):					

What disadvantages does the client face?	Medical	Social isolation	Physical disability	Mental health issue
Please highlight each disadvantage	Dementia	Learning difficulty	Sensory loss	Other
Please provide full details of client's disadvantage				
Family background and other support being provided – including any personal care providers				

What sort of help is required? *highlight all that are applicable and* ***indicate a priority if multiple requests.***	
☐ Shopping	☐ Befriending
☐ Transport	☐ Family Support
☐ Accompanying on walks or outings	☐ Social Activities (incl. lunch club & tea parties)
☐ Gardening, DIY or decorating	☐ Help with correspondence or administration
Any other way *Please state what*	
If transport is requested, are there any booked appointments?	

Please send your completed application form to **Communicare in Southampton, Southampton Voluntary Services, Kingsland Square, Southampton, SO14 1NW**
or email to **referral@communicareinsouthampton.org.uk**

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ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our **clients**. By completing this form you will be helping us to provide this and secure further funding

This information will be separated from the application and only used for anonymised monitoring purposes, thank you

What is the client's age and gender?					
Client's age		Client's date of birth		Client's gender	

What is their ethnic group?
Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background

(a) **White** ☐ British ☐ Irish ☐ Any other White background *please write in below* ……	(b) **Black or Black British** ☐ Caribbean ☐ African ☐ Any other Black background *please write in below* ……
(c) **Asian or Asian British** ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian background *please write in below* ……	(d) **Mixed** ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other Mixed background *please write in below* ……
(e) **Other ethnic group** *please write in below* ……	