|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**  *Please highlight each disadvantage* | | | | | Medical | | | Social isolation | | Physical disability | | Mental health issue | | | Learning difficulty |
| Dementia | | | Elderly | | Impaired mobility | | 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 | | | | | | | | | 🞏 Childcare | | | | | | |
| 🞏 Accompanying on walks or outings | | | | | | | | | 🞏 Domestic tasks | | | | | | |
| 🞏 Gardening, DIY or decorating | | | | | | | | | 🞏 Help with correspondence or administration | | | | | | |
| Any other way *Please state what* | | | | | | | | | | | | | | | |
| If transport is requested, are there any booked appointments? | | | | | | | | | | | | | | | |

 

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*  …………………………….. | | | |  | | |