

Charity Number 1180354

**REFERRAL FORM FOR FAMILY OR FRIEND**

**YOUR DETAILS & CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Your name** |  |
| **Your title e.g. Mr, Mrs, Miss, Ms, Dr etc** |  |
| **Your email address** |  |
| **Your telephone number** |  |

**DETAILS OF PERSON YOU ARE REFERRING**

|  |  |
| --- | --- |
| **Name of person you are referring** |  |
| **Title of person you are referring e.g. Mr, Mrs, Miss, Ms, Dr etc** |  |
| **Address of person you are referring** |  |
| **Telephone number of person you are referring** |  |
| **Email address of person you are referring** |  |
| **What is the person’s preferred method of contact?** |  |
| **Your relationship to the person you are referring** |  |
| **Date of birth of the person you are referring** |  |
| **Reason for your referral** |  |
| **Has your family member or friend agreed to a referral? (Please ensure that you have discussed this referral with the person and that they have agreed to the referral and their information being passed onto us)** |  |
| **Are there any behavioural risks with your family member or friend that Dementia Friendly Parishes should be aware of?**  **(If yes, please give details)** |  |
| **Does your family member or friend have any issues with their health or mobility that Dementia Friendly Parishes need to know about?** |  |
| **Does your family member or friend need any additional support to engage with us e.g. an advocate, translator etc?** |  |

**All the information provided will remain strictly confidential within the charity.**

**Your Signature:**

**Thank you for referring this person to us-We will make contact with them soon.**