

Referral Form

Please return completed forms to: info@ageukbirmingham.org.uk

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| **Referrer’s Details** |  |
| **Name**  |   | **Phone Number**  |   |
| **Organisation**  |  | **Job Role**  |  |
| **Email**  |   |

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| **Client’s Details**  |
| **Name**  |  | **Phone Number**  |   |
| **Date of Birth**  |   | **Post Code**  |   |
| **Address**  |   |
| **Visual or hearing impairments?**  |  |
|  **Client consent to refer details to Age UK Birmingham & Sandwell, Yes / No:** *All information will be used in strict compliance with the Data Protection Act 2018 (incl. 2021 UK GDPR)*  |   |

 **Support Requested:**

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| **Information & Advice** (inc: benefits support)  |   | **Later Life Planning** (Lasting Power of Attorney/Wills)  |  |
| **Dementia Carers Group** (Support groups city wide) |   | **Social Activities & Exercise** |  |
| **Memory Care Day Centres** North Birmingham |  | **Home Falls Prevention** Birmingham |  | **Home Energy Check** (October – March)Energy efficiency advice/equipment |  |

**Reason for all referrals (Mandatory)**

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