

Age UK Bristol MCST Referral Form

Please complete all sections of the form

Processing Client Data			
In order to run the MCST service, we need to store information about our clients. The law says that we must get their consent to do this. Everything on this form will be treated confidentially and their data will be treated in accordance with our Data Protection & Confidentiality Policy.			
The client being referred consents to Age UK Bristol recording personal information about them:	Yes	<input type="checkbox"/>	No

Are you:	
Referring yourself	<input type="checkbox"/>
A professional referring a service user	<input type="checkbox"/>
A carer/family member	<input type="checkbox"/>

Referrer / Referring Agency	
Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Professional referrals:	
Organisation:	<input type="text"/>
Job Title:	<input type="text"/>

Client Personal Details			
Title:	<input type="text"/>		
Forename:	<input type="text"/>	Known as:	<input type="text"/>
Surname:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>		

Address & Postcode:				
Area (Age UK Bristol can only work with people from the City of Bristol, but we can pass referrals onto Age UK South Gloucestershire or Somerset for those who live there):				
City of Bristol		South Gloucestershire		Somerset (Inc. North Somerset)
Consent to share - If you ticked South Gloucestershire or Somerset (including North Somerset), do you consent for Age UK Bristol to pass your referral onto the Age UK local to you?			Yes	No
Is the referred person diagnosed with a mild-moderate dementia, or believed they have a mild-moderate dementia?			Yes	No
Please note, MCST is not suitable for people with advanced dementia or unrelated conditions, such as stroke				
Which would the referred person prefer to join:				
Face-to-face group				
Online group (support is available to join online; if a tablet is needed or one-to-one support to join in)				
Either				
Who should be the first point of contact once this form is received for Age UK Bristol?				
The referred person				
The named carer/family member				
The referring professional				
If the person would need communication to be through a carer, what is:				
Carers Name:				
Phone number:				
Email Address:				
I understand that there is a charge for sessions: £25/session for face-to-face groups and £15/session for online groups				
I/the referred person receives Pension Credit and would like to enquire about a discounted rate				

Thank you for completing the referral form. The MCST Project Co-ordinator will be in touch with the first point of contact as soon as possible. Please note they only work part-time so it may not be immediately.

In the meantime, if you have any concerns about the referral please call the Age UK Bristol main telephone line: 0117 929 7537 or email mcst@ageukbristol.org.uk