

# Lunch Club Application Form



Lunch Clubs are a service for independent people over the age of 55. To obtain a place you need to be able to access the service independently. Consideration will be given to applicants who are receiving a day service or will require some assistance or support within this service.

Details of the Lunch Clubs can also be found on our website [www.ageukoldham.org.uk](http://www.ageukoldham.org.uk)

**Please complete with as much information as possible:**

Lunch Club applied for:		Date of application:	
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Name:			
Address:			
Post Code		Religion:	
Telephone Contact:		Date of Birth	

Local contact Name <i>(in case of emergency)</i>		Telephone:	
Next of Kin Name:		Relationship:	
Address:			
Post Code:		Telephone No:	
GP Name:		GP Contact Number:	
GP Address:			
Form completed by:			
<i>If not yourself, please state relationship to applicant:</i>			
<i>Contact Telephone:</i>		<i>Contact Email:</i>	
How did you hear about this service?			

**Please answer the following questions:**

<p>1. Do you have Social Worker? <i>If yes please give name and contact details if known:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Do you receive any of these services?</p>	<p>Home Care <input type="checkbox"/> Private Care <input type="checkbox"/> Day Care <input type="checkbox"/></p>
<p>3. Do you have any mobility problems? <i>If yes please tell us what help /aids / assistance you require:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Which type of transport will you be using?</p>	<p>Ring and Ride <input type="checkbox"/> Public Transport <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/></p>
<p>5. Do you have any problems with your memory? <i>If yes please explain what support you would need to access this service and assistance required whilst at the Lunch Club:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Are you registered blind or partially sighted? <i>If yes will you require assistance to move around the building / access toilet area:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Do you have a hearing impairment?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8. Are you diabetic? <i>If yes, are you controlled by:</i>  <i>Please list medication taken:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>  Diet <input type="checkbox"/> Medication <input type="checkbox"/> Insulin <input type="checkbox"/></p>
<p>9. Special dietary requirements: i.e. low fat etc</p>	
<p><b>Please describe any further information with regards to your health and details of any support you may require to access this service:</b></p>	
<p></p>	

Please return this form to: Age UK Oldham, 10 Church Lane, Oldham OL1 1SA - 0161 633 0213  
 Or email to: [sue.fletcher@ageukoldham.org.uk](mailto:sue.fletcher@ageukoldham.org.uk) or [kryshia.winkler@ageukoldham.org.uk](mailto:kryshia.winkler@ageukoldham.org.uk)

Official Use Only:	
Applicant Name:	
Date Application Processed:	
Processed by:	
Date applicant contacted:	
Applicant Successful:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:	
If application was unsuccessful, state reasons and action given:	
Date placed on Waiting List:	
Review Date:	
Date Confirmation Sheet Sent Out:	
Start Date Given:	

Processing Officer Signature:	
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Date:	
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