**Support to stop smoking self- referral form **

(To be accepted they must be over 50 and a resident of Trafford)

Name ………………………………………………………

Address ………………………………………………………

 ………………………………………………………

Telephone number ……………………………………………………..

Email address ……………………………………………………..

Date of birth …………..…

Ethnicity …………..…

****Gender ……………..

Sexual orientation ……………..

Any other relevant information:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Date of referral ………………..

I am happy for my details to be shared with Age UK Salford & Trafford and stored on Sales force.

Please tick to confirm

Please return completed form to LucyChidlow@ageuksalfordandtrafford.org.uk

Any queries call Lucy on 07469 149 305