(Office use) Charity Log no:

**Memory Connections (Dementia MCST and vMCST)**

**Referral Form for Agencies and Carersv**

‘Memory Connections’ is our Dementia Maintenance Cognitive Stimulation Therapy (MCST) weekly programme of meaningful and stimulating activities for people living with mild to moderate dementia. Participants can attend a face-to-face group session (MCST) at The Park Centre (Kingswood) or a virtual session at home using Zoom (vMCST).

Please complete all sections of the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Processing clients data** | | | | |
| In order to run Memory Connections, 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 person being referred consents to Age UK South Gloucestershire recording personal information about them:** | Yes |  | No |  |
| Age UK South Glos can only work with people from South Gloucestershire, but we can pass referrals onto Age UK Bristol or Age UK for those who live there. | | | | |
| **If the person being referred lives in Bristol or Somerset (including North Somerset), do they consent for Age UK South Glos to pass your referral onto the Age UK local to them?** | Yes |  | No |  |

|  |  |
| --- | --- |
| **Details of the person you are referring** | |
| **Name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Address** |  |
| **Tel.** |  |
| **Email** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s details** | | | |
| **Name** |  | | |
| **Surname** |  | | |
| **Relationship to the person being referred** | | |  |
| **Organisation** | |  | |
| **Email** | |  | |
| **Tel.** | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suitability for the course**  *Please note that this programme is not suitable for people living with Advanced Dementia and other related conditions such as stroke* | | | | |
| **Does the person you are referring have a diagnosis of Mild to Moderate Dementia?** | Yes |  | No |  |
| **If no, do you believe they might have Mild to Moderate Dementia?** | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
| **Which course is the referred person interested in?**  **Please tick all answers that apply** | | |
| **Face to Face Group, Mondays 2-4pm, £25 per session** | Yes |  |
| **Face to Face Group, Wednesdays 2-4pm, £25 per session** | Yes |  |
| **Online Group, Fridays 2-3:30pm, £15 per session** | Yes |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Newsletters** | | | | | | | | | | | |
| **We like to keep in regular contact with our service users and periodically produce newsletters. How would you like to receive them?** | | | | | | | | | | | |
| **Topic** | **Service User** | **By email?** | Yes |  | No |  | **By post?** | Yes |  | No |  |
| **General** | **By email?** | Yes |  | No |  | **By post?** | Yes |  | No |  |
|  | | | | | | | | | | | |

Please return this form (NO STAMP NEEDED) to:

Freepost RTEX-ERLY-HUYS

Age UK South Gloucestershire, 67 High Street

Thornbury, Bristol, BS35 2AW

**Or via email to:**

[mcst@ageuksouthglos.org.uk](mailto:mcst@ageuksouthglos.org.uk)

You can also reach the Memory Connections Team on

01454 411707 (Option 5)

**Equality and Diversity Monitoring**

Age UK South Gloucestershire aims to provide equal opportunities and fair treatment for all staff, volunteers and service users. We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our staff, volunteer and service user base and will be kept anonymous.

|  |  |  |
| --- | --- | --- |
| Age | | |
| Date of Birth  OR Age |  | Prefer not to say |
| Click here to enter text. |

|  |  |
| --- | --- |
| **Do you consider yourself to be a carer?** | |
| Yes  On average how many hours are spent caring?  under 50  over 50 | No  Prefer not to say |

|  |
| --- |
| Do you describe yourself as Disabled? |
| Yes |
| No |
| Prefer not to say |

|  |  |  |
| --- | --- | --- |
| **Ethnicity**  Please state what you consider your ethnic origin to be. (Ethnicity is distinct from nationality and the categories below are based on the 2011 Census in alphabetical order.) | | |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| Indian | Caribbean | Chinese |
| Pakistani | African | Any other ethnic group (please detail)  Click here to enter text. |
| Bangladeshi | Any other Black background (please detail) Click here to enter text. |
| Any other Asian background (please detail)  Click here to enter text. |
| **Mixed** | **White** | |
| White and Black Caribbean | English | Any other White background (please detail)  Click here to enter text. |
| White and Black African | Irish |
| White and Asian | Scottish | Prefer not to say |
| Any other mixed background (please detail) Click here to enter text. | Welsh |

|  |  |  |
| --- | --- | --- |
| Gender | | |
| Female | Does your gender identity match your sex as registered at birth? | |
| Male |
| Prefer not to say | Yes | No |

|  |  |
| --- | --- |
| Religion/ belief | |
| Buddhist | Sikh |
| Christian | Other (please state)  Click here to enter text. |
| Hindu |
| Jewish | No religion |
| Muslim | Prefer not to say |

|  |  |
| --- | --- |
| Sexual Orientation | |
| Bisexual | Heterosexual |
| Lesbian/Gay woman | Prefer not to say |
| Gay man | |
| Other (please state) Click here to enter text. | |