(Office use) Charity Log no:

**REFERRAL FOR WALKING PROJECT**

*Age UK South Gloucestershire offers a walking project to support older people to reintroduce exercise into their everyday lives, and to provide a welcoming and friendly environment to do this in. The walking project service will match you with a group walk, or a one-to-one walk depending on your abilities and location, for a weekly outing. This service is ideal for those who struggle with movement, who haven’t taken part in exercise for some time, or are not confident in their walking abilities. We hope that this will be an encouraging environment for you to develop your walking abilities, supported by the Age UK South Gloucestershire team.*

Please complete all sections of the form.

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| **Personal Details** |
| **Title:** |  |
| **Forename:** |  |  **Known as:** |  |
| **Surname:** |  |
| **Todays Date:** |  |
| **Address:** |  |
| **Telephone Number:** | **Home:** |  |
|  | **Mobile:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Preferred Pronoun:** | He/Him |[ ]  She/Her |[ ]  They/Them |[ ]
|  |
| **Processing your data** |
| In order to run the Walking Project service, we need to store information about our clients. The law says that we must get your consent to do this. Everything you tell us will be treated confidentially, and your data will be treated in accordance with our Data Protection & Confidentiality Policy.  |
| **I consent to Age UK South Gloucestershire recording personal information about me:** | Yes |[ ]  No |[ ]

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| **Who is completing this form** |
| **Are you completing this form for yourself?**  | **Yes** |  | **No** |  |
| **If no, who is completing the form?**  |  |
| **What is your relation to the individual being referred?** |  |
| **Please sign to confirm you have consent to complete this form from the individual being referred:** |  |

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| **Emergency contact**: Please can you provide details of a next of kin or emergency contact. This will be used in line with our Data Protection Policy and will be kept by our team in case of an emergency.  |
| **Name:** |  |
| **Relationship to you** (e.g. wife, son or friend)**:** |  |
| **Telephone number:** | **Home:** |  |
| **Mobile:** |  |
| **Work:** |  |
| **Address:** |  |

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| **How confident are you in your walking ability?****(1 is ‘not at all confident’ 5 is ‘completely confident’)** |
| 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| **Please provide a brief description of your walking ability** |
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| **Please provide a brief description of any other support needs you have:** |
|  |

**We like to keep in regular contact with those using our services and periodically produce newsletters. How would you like to receive them?**

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| **Topic** |
| **Service User** | **By email?** | Yes [ ]  | No [ ]  | **By post?** | Yes [ ]  | No [ ]  |
| **General** | **By email?** | Yes [ ]  | No [ ]  | **By post?** | Yes [ ]  | No [ ]  |

**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 whom 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.

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| **Age** |
| Date of Birth |  | I prefer not to say |[ ]

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| **Do you consider yourself to be a carer?** |
| Yes |[ ]  No |[ ]  I prefer not to say |[ ]
| If yes, on average, how many hours a week are spent caring? | Under 50 |[ ]  Over 50 |[ ]

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| **Do you describe yourself as Disabled?** |
| Yes |[ ]  No |[ ]  I prefer not to say |[ ]

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| **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) |
| ☐ Bangladeshi | ☐ Any other Black background (please detail)  |
| ☐ Any other Asian background (please detail) |
| **Mixed** | **White** |
| ☐ White and Black Caribbean | ☐ English |  ☐ Any other White background (please detail)  |
| ☐ White and Black African | ☐ Irish |
| ☐ White and Asian | ☐ Scottish | ☐ I prefer not to say |
| ☐ Any other mixed background (please detail)  | ☐ Welsh  |

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| **Gender** |
| Female |[ ]  Male |[ ]  I prefer not to say |[ ]
| Does your gender identity match your sex as registered at birth? | Yes |[ ]  No |[ ]

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| **Religion/ belief** |
| ☐ Buddhist | ☐ Sikh |
| ☐ Christian | ☐ Other (please state) |
| ☐ Hindu |
| ☐ Jewish |  ☐ No religion |
| ☐ Muslim |  ☐ I prefer not to say |

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| **Sexual Orientation** |
| ☐ Bisexual | ☐ Heterosexual |
| ☐ Lesbian/Gay woman | ☐ I prefer not to say |
| ☐ Gay man |
| ☐ Other (please state)  |

Please return this form (NO STAMP NEEDED) to:

Freepost RTEX-ERLY-HUYS

Age UK South Gloucestershire

67 High Street

Thornbury

Bristol

BS35 2AW

Or email to: walking@ageuksouthglos.org.uk

Thank you for providing a referral for the Walking Project. We will process your referral and contact you soon to talk through the next steps of joining the project.