**Memory Club - Referral Form**

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| **SECTION 1** |
| **Name of person referring client** | **Agency / Contact details** |
|  |  |
| **Relationship to client:** |
| **SECTION 2 – Please complete all sections** |
| **Client’s Name** | **Client’s Address** |
|  |  |
| **Telephone numbers** | **Email** |
| Landline………………………………………Mobile:……………………………………… |  |
| **Is the client male or female?**  | **What is the clients approx. age?**  |
|  |  |
| **What is the client’s country of origin?** | **Does the client have language support needs? If you do, in what language?** |
|  |  |
| **Has the client been diagnosed with any cognitive impairment or Dementia?** |
| Mild cognitive impairment Dementia Stage 1 Dementia Stage 2  |
| **SECTION 3** |
| **Which sessions will the client attend?**  |
| Morning (10am to 12pm)  Lunch (12pm to 1pm) Afternoon (1pm to 3pm)   |
| **Will the client need transport to the Oakley Memory Club?** |
| Morning 10am to 12pm 10am to 1pm (with lunch) Afternoon 12pm to 3pm (with lunch) 1pm to 3pm  |

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| **What sort of activities would the client like to do at the Memory Club?** |
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| **What are the client’s hobbies / interests?** |
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| **SECTION 4 - Please complete**  |
| Because of the Data Protection Act, we also need a signature from the client to say they agree to HWS CIC holding personal information (including the information on this form).**The Client:** I would like HWS Befriending to provide a service for me. They can keep, and put on computer information about me. They must keep this information confidential unless I agree for it to be shared with other people outside HWS.I consent to my information being kept, and put on computer information about me. HWS must keep this information confidential unless I agree for it to be shared with other people.Signed …………………………………………… Print Name ………………………………………. Date…………………………………………….... |

Please return this signed form by: email **services@hantswell.org** or by post to: The Orchard, White Hart Lane, **Basingstoke, RG21 4FA** Tel: **01256 423 830.**