



## CLUB MEMBER REFERRAL FORM

Hand in Hand only accept referrals from people aged 65 and over for our Heaton and Wallsend Clubs

Personal and Home Details			
Full Name	Title	Marital Status	
Address and Post Code	Date of Birth		
	Telephone No		
	Does this person live alone?	Yes	No
Emergency Contact Details			
<p style="font-size: small;">Hand in Hand hold details of relatives / friends &amp; GP's of members whom we can contact if we need to. (if not available at time of Referral, these details can be obtained from members once they join the club)</p>			
Emergency Contact Name:		Land Line Telephone No:	
Address:		Mobile No:	
Relationship to the person:			
GP's Name and Surgery Address:			
Health			
Please give a brief outline of any Physical/Mental Health problems:			
Please detail any known Allergies:			
Club Referral			
<input type="checkbox"/> Lunch & Activities & Reminiscing Club - Wallsend (Tuesday 11.00am – 2.30pm)			
<input type="checkbox"/> Activities & Reminiscing Club (ARC) - Heaton (Tuesday 1.30pm – 3.30pm)			
Additional Helpful Information			
Please detail Weekly Activities the Client currently is involved in:			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Any other information that may be helpful:			
Risk Assessments			
<p style="font-size: small;">A Risk Assessment will be carried out on each member joining our clubs, to help ensure their safety while attending the club. However, because each individual's health can change, Hand in Hand may not become aware of these changes and it will be the responsibility of the member or their carer/s to inform the club of any changes in their needs or health as appropriate, allowing us to amend their Risk Assessment.</p>			
Referrer			
Name of Person Referring			
Relationship to Person Referring			
Address of Referrer		Telephone No:	
		E.Mail:	

**For Office Use Only:**