

INDEPENDENT LIVING AGENCY

Healthy Futures Project Referral

<i>Service User's Contact Details</i>			
<i>Full Name</i>			
<i>Address</i>			
<i>DOB</i>			
<i>Email</i>			
<i>Phone</i>		<i>Mobile</i>	

<i>Referrer's Contact Details (If different from service user details)</i>			
<i>Name</i>			
<i>Address</i>			
<i>Position</i>			
<i>Email</i>			
<i>Phone</i>		<i>Mobile</i>	

<i>Tick as applicable:</i>	
<input type="checkbox"/> <i>I would like to become a volunteer (Health mentor/buddy/peer leader)</i>	<input type="checkbox"/> <i>I have become isolated and lonely</i>
<input type="checkbox"/> <i>I would like to improve my cooking skills</i>	
<input type="checkbox"/> <i>I would like to become more active</i>	<input type="checkbox"/> <i>I would to improve my long term health</i>

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Registered charity No. 1064099
Company Limited by Guarantee Reg. no. 3370858

I would like to engage more in the community and make new friends

Health professionals have said I need to improve my health

Do you (the service user) require more than one support worker? If so, please give details below:

Yes

No

Are you currently known to any other services, for example do you have a support worker? If so, please give name(s) and contact details:

Yes

No

Name:

Telephone Contact:

Email:

Other Support Needed

Yes

No

Do you need an interpreter?

If yes what language?

Do you have any impairments? If so, please give more information:

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<i>Service User 's Ethnicity</i>	
Asian/Asian British	Mixed/Multiple Ethnic Group
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> Chinese	<input type="checkbox"/> White and Black African
<input type="checkbox"/> Indian	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Mixed
Black/African/Caribbean/Black British	White
<input type="checkbox"/> African	<input type="checkbox"/> British
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Irish
<input type="checkbox"/> Black British	<input type="checkbox"/> Gypsy or Irish Traveller
Other Ethnic Group	<input type="checkbox"/> Other
<input type="checkbox"/> Arab	
<input type="checkbox"/> Any other group	

<i>Gender</i>	<i>Sexual Orientation</i>
<input type="checkbox"/> Man	<input type="checkbox"/> Straight /Heterosexual
<input type="checkbox"/> Woman	<input type="checkbox"/> Gay or Lesbian
<input type="checkbox"/> _____ (fill in the blank)	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Prefer to self-describe
	<input type="checkbox"/> Prefer not to say

Supporting documents

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