

**Referral Form – All BAC services**

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| **Contact details** |
| Title:       | First Name:       | Middle name(s):       | Surname:       |
| Marital status:        | Number of dependants:        |
| Date of birth:       | NI Number:       |
| Nationality:       | NHS Number:       |
| Home Tel No:       | Mobile:       |
| Email:        | Preferred contact method:        |
| Address where you live:      Postcode:       |
| **Tenure** |
| Council [ ]  | Private rent [ ]  | Sheltered [ ]  | Shared ownership [ ]  |
| Housing Provider:      Providers Contact Number:       |
| Owner occupier [ ]  | Staying with friends [ ]  | Live with parents [ ]  |
| Number living in the household:       |
| **Additional support** |
| Communication needs:        |
| Disability/Health conditions:       |
| Do you need someone to act on your behalf? | YES [ ]  | NO [ ]  |
| If **YES** please give name and contact details:       |
| **Service required** |
| [ ]  Befriending | [ ]  Housing Choice  |
| [ ]  Car Scheme  | [ ]  Minibus Trips  |
| [ ]  Car Scheme Plus (MPV)  | [ ]  Self Help  |
| [ ]  Energy Advice  | [ ]  Staying Welling Well Programme  |
| [ ]  GOGA (Get out get active)  | [ ]  Volunteering opportunities |
| [ ]  Home Support Service  | [ ]   |
| Reason for referral:       |
| **Referrer contact details** |
| Name:       | Telephone No:       |
| Job Title:       | DDI:       |
| Organisation:       | Mobile:       |
| Referral date:       | Email:       |
| GDPR - Consent has been given by the client to pass their details to BAC YES [ ]  NO [ ]  |
| Please return to: Bassetlaw Action Centre, Canal Street, Retford, DN22 6EZEmail: enquiries@actioncentre.org.uk |