

**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 | | | | | | |
| Wheelchair Accessible Vehicle (WAV) | | | | | | | Supported Independent Living Service | | | | | | |
| Energy Advice | | | | | | | Staying Well Programme | | | | | | |
| Walk Talk Groups (GOGA) | | | | | | | Volunteering opportunities | | | | | | |
| Home Support Service | | | | | | | Digital Literacy | | | | | | |
| Reason for referral: | | | | | | | | | | | | | |
| **Referrer contact details** | | | | | | | | | | | | | |
| Date: | | | | | | Name of referrer: | | | | | | | |
| Job Title/Relationship to client: | | | | | | Organisation: | | | | | | | |
| Name/address of Agency: | | | | | | | | | | | | | |
| Tel No: | | | | Mobile: | | | | | 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 6EZ  Email: [enquiries@actioncentre.org.uk](mailto:enquiries@actioncentre.org.uk) | | | | | | | | | | | | | |