

1 Leask Road, Forres, IV36 1SW

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**Cameron’s Project Referral Form**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone no. |  |
| Email address |  |

**Personal details**

|  |  |
| --- | --- |
| Date of birth |  |
| Gender (please circle) | Male Female  |
| Known health problems |  |
| Mobility aids (please circle) | Support cane walking frame wheelchairnone |

|  |  |
| --- | --- |
| Emergency contact name |  |
| Relationship |  |
| Contact details |  |

**Current support services**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Agency | Type of contact | How often |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reason for referral (what you want us to do)**

Please tick all that apply

|  |  |
| --- | --- |
| 1. Increase social connections
 | 1. Support to access local groups/ activities
 |
| 1. Attend FACT event
 | 1. Visit place of interest
 |
| 1. Shopping (not food shopping)
 | 1. Transport/mobility
 |
| 1. Information
 | 1. Other (please specify below)
 |

Other:

Please tell us a bit about your interests past and present

|  |  |
| --- | --- |
| Activities |  |
| Pastimes |  |
| Hobbies |  |
| Interests |  |
| Anything else? |  |

Data Protection Act 1998

I understand that this form is part of the referral process to Cameron’s Project delivered by Forres Area Community Trust (FACT). I consent to the above information being passed to this project. I understand that these details will be kept in a locked filing cabinet at the FACT office. I understand that at any time I can request access to this information.

I understand that at any time I can request that my details are no longer kept with the Cameron Project at the FACT office.

Signature Client: Date:

If you were not able to obtain the Client’s signature, please sign underneath to indicate that the client is aware of the referral being made and has given your verbal consent.

Signature Referrer: Date: