

**FOR ADMIN TO COMPLETE:**

|  |  |
| --- | --- |
| **Service interested in:** | **Tick** |
| Tuesday Day Care |  |
| Kaleidoscope Café  |  |
| Happy Horner’s  |  |
| Thursday Movement |  |
| 1:1 Blackheath/Lambeth |  |
| Wellbeing’s |  |
| Café Create |  |
| Living Well (CG) |  |
| Finchley |  |
| Good Company Brentwood |  |

**Updated Information**

**Form**

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed forms to:**

**Age Exchange, Bakehouse Theatre, 11 Blackheath village, London, SE3 9LA** **dementia@age-exchange.org.uk**

Has the person given his/hers consent to the referral being made? Yes / No

Please note that we cannot accept this form without consent – a carer can give consent.

Reason for referral to Age Exchange / what is the desired outcome of involvement in the project?

Please note that we cannot accept referrals if someone has personal care needs (such as toileting or medication) that the accompanying carer cannot support the person with.

………………………………………………………………………………………………………

…………………….……………………………………………………………………..

How did you hear about our service?

………………………………………………….........................................................................

...............................................................................................................................

Who is making this referral?

Self-referral ☐ A carer/family member ☐ Charity worker ☐

A health professional ☐ A social care professional ☐ Other ☐

**Details of participant referred to group**

Full Name: ……………………........................................................................

Date of Birth: ……………………………

Address: ……………………………………………………………………………

Postcode: ………………………………………….

Email address: ………………………………………………………………

Telephone number: ………………………………….

Borough: ……………………………………………………………………………

Emergency Contact Name: ………………………………………………………

Emergency Contact Telephone: …………………………………………………

Emergency Contact address: ……………………………………… …………...

GP Name:…………………………………………………………………………..

GP Address:………………………………………………………………………..

Medical Info e.g. epileptic, low blood pressure, any known allergies, diabetic etc

.……………………………………………………………………………………………

…………………………….………………………………………………………………

Getting around e.g. how will you get to the group, mobility aids you use etc.

………………………………………………………………………………………………

…………………………….………………………………………………………………

Do you have a Taxicard? Yes ☐ No ☐ Dial-a ride? Yes ☐ No ☐

Do you have go to any other services:

Day centre ☐ Dementia groups ☐ Other Groups ☐

Other information that may be relevant, e.g. transport needs, dietary needs, medical needs, sensory needs (hearing aids, sight issues) likes, dislikes:

………………………………………………………………………………………………

…………………………….………………………………………………………………..

Does the person being referred have dementia?

Yes ☐ No ☐ Awaiting diagnosis ☐

If so, which type(s) of dementia?

…………………………………………………………………………………………..…

………………………………………………………………………………………………

If so, approximate date of diagnosis?

......…………….……………………………………………………………………….......

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**Main Carer Details**

Name.…………………………………………………………………………………

Carer’s relationship to the person………………………………………………….

Carer’s Address (if different from the person being referred):

…………………………………………………………………………………………..

Carer’s Emergency Contact:………………………………………………………

Permission to contact emergency contact ☐

Carer's Telephone Number: ……………………………………………………….

Carer's Email: ..……………………………………………………………………..…

**Paid Carer Details**

**(all correspondence will be through Main Carer)**

Paid Carer’s Name: …………………………………………………………………

Paid Carer's Telephone Number: …………………………………………………..

Paid Carer’s Emergency Contact: …………………………………………………

Permission to contact emergency contact ☐

Paid Carer's Email: …………………………………………………………………

Do you give your consent to join our service? Yes / No

Please note without your consent we cannot accept you to attend in the groups.

**How did you hear about Age Exchange?**

Word of mouth ☐        Health professional / charity Worker ☐

Poster / leaflet ☐     Age Exchange Community Café ☐

The internet / social media ☐ Other ☐

………………………………………………………………………………………………

**Keep in touch with Age Exchange**

We would like to keep in touch with you, what information would you like to receive?

**Tick all that apply:**

Age Exchange news    ☐

Fundraising efforts (occasional)       ☐

**Communication Preferences**

Please tick the boxes below to tell us how you would like to hear from us.

**Tick all that apply:**

Yes please, I would like to hear from you by post     ☐

Yes please, I would like to hear from you by email   ☐

Yes please, I would like to hear from you by text      ☐

You have consented for Age Exchange to use the information you have supplied to communicate with you about our activities, in line with the EU General Data Protection Regulation (GDPR). Information will be held by Age Exchange unless you request your data to be deleted. We will not pass your details on to any other organization without your consent or unless required by law. You have the right to lodge a complaint with the ICO and to withdraw consent to the processing of personal data. Please direct questions to the Chief Executive at

hello@age-exchange.org.uk.

**Age Exchange (a company limited by guarantee).**

**Registered in England No. 1929724.**

**Registered Charity No. 326899**



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| --- |
| **Equal Opportunities Monitoring Form for participant** **Strictly Confidential** |

Age Exchange is committed to promoting fairness and ensuring there is no discrimination in our practice. Completing this form helps us to develop and deliver policies and procedures that make certain no one we work with receives less favourable treatment either directly or indirectly.

Name: Date:

1. How would you describe your gender?:

[ ]  Male [ ]  Female [ ]  Non-binary [ ]  Trans [ ]  Prefer not to say

1. Date of birth:
2. Marital status:

[ ]  Married/civil partnership [ ]  Single [ ]  Divorced

[ ]  Other (Please specify ………………)

1. Nationality:
2. How would you describe your ethnic origin?

|  |  |  |
| --- | --- | --- |
| **White** |  | **Black or Black British** |
| **A** | British | [ ]  |  | **M** | Caribbean | [ ]  |
| **B** | Irish | [ ]  |  | **N** | African | [ ]  |
| **C** | Any other white background | [ ]  |  | **P** | Any other black background | [ ]  |
| **Mixed** |  | **Other Ethnic Groups** |
| **D** | White and black Caribbean | [ ]  |  | **R** | Chinese | [ ]  |
| **E** | White and black African | [ ]  |  | **S** | Other ethnic groups | [ ]  |
| **F** | White and Asian | [ ]  |  |  | Please specify……………… |  |
| **G** | Other mixed background | [ ]  |  |  |  |  |
| **Asian or Asian British** |  |  |
| **H** | Indian | [ ]  |   | **L** | Other Asian background | [ ]  |  |
| **J** | Pakistani | [ ]  |  |  | Please specify …………… |  |  |
| **K** | Bangladeshi | [ ]  |  | **Z** | Ethnic origin not stated | [ ]  |

Disability is defined by the Disability Discrimination Act as; a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

1. **Are you a disabled person as defined by the Disability Discrimination Act?**

[ ]  Yes [ ]  No

1. How would you describe your religion or belief?

 [ ]  Christian [ ]  Buddhist [ ]  Hindu [ ]  Jewish

 [ ]  Muslim [ ]  Sikh [ ]  None [ ]  Prefer not to say

 [ ]  Other (please specify ………………………)

1. What of the following describes your sexual orientation?

 [ ]  Bi-sexual [ ]  Gay [ ]  Heterosexual

 [ ]  Lesbian [ ]  Other [ ]  Prefer not to say

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 **Media Consent Form**

I/we give my/our consent to be photographed, videoed or audio-taped by Age Exchange and Community Integrated Care and for this to be used for the purposes of project reporting to funders, and charity promotion.

This includes Age Exchange and Community Integrated Care’s charity social media channels, website, internal and external printed publications, and any other promotional activity as deemed appropriate by Age Exchange.

In accordance with GDPR regulations, Age Exchange and Community Integrated Care is the *data controller* – the charity that manages and processes the media as outlined above.

Please tick the box to give your consent: ☐

Print name/s:…………………………………………………………………………

Signature (carer):…………………………………………………………………

Signature (cared for):……………………………………………………………

Signature (paid carer):………………………………………………………………

Date: ………………………………………..

If under 18 years of age:

Name of Parent/Guardian:

………………………………………………………………………………………

Signature of Parent/Guardian:

………………………………………………………………………………………

Withdrawal of media consentIf you wish to withdraw your media consent at any time, please let Age Exchange know at your earliest convenience.