



Life Skills Club Referral Form

Full Name:

Date of Birth:

Address:

.....

.....

Postcode:

Email Address:

Telephone number:

.....

Next of Kin details:

(name and phone number)

GP surgery:

.....

Referral Reason(s) to AWWC

Independent Life Skills (Suitable for ABI clients)

Reading

Cooking

IT

Writing

Speech

Other (please write below)

.....

.....

.....

Preventative (Suitable for general meet up sessions)

Combating Isolation

Art

Gardening

IT

Chit Chat

Knit and Chat

Flower Arranging

Other (please write below)

.....

.....

.....





Life Skills Club Referral Form continued

Do you consider yourself having a disability Yes No

If so,

What is your disability

.....
.....

Do you take medication? Yes No (please note we do not give support with medication)

Does this medication impact your ability to take part in the session? Yes No

If yes how

.....
.....

Please list your medication or attach a copy of your prescription.

Please let us know if/when this changes. (This will be kept on file for emergencies)

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

Your Challenges/Difficulties

What are the areas that you are finding challenging in your life?

.....
.....

What can the Centre help with?

.....
.....

How will you pay for this service?

.....
.....

Please note some of the Specific Areas that AWWC does not provide support with:-

Medication, Direct Transportation (but we can support you in accessing one of your choice), Support in the bathroom or support with eating.



Life Skills Club Referral Form continued

Prices

£35 Registration fee

£30 a day (Suitable for ABI Specific Sessions)

£20 half a day (Suitable for ABI Specific Sessions)

£6 a session or £25 DD (Maximum 6 sessions a month) (Suitable for generic meet up sessions)

Third Party Consent

Please tick what ever is applicable to you.

- I am completing this form on behalf of the person above because I hold a Power of Attorney for this person
- Health and Welfare
- Property and Financial Affairs
- I am completing this form as Parent or Guardian for this person
- I have been appointed as a Deputy by the court of Protection for this Person

Completed by

Date

Consent to Information

- I hereby agree that information can be obtained and shared with the following agents/ organisations/individuals:-
 - NHS Department of Work and Pensions Local Authority Police
- I agree for these professionals to share my information in a secure and confidential manner as and when a need arises
- I agree that my information can be shared with other organisation to aid my support
- Other (please specify if there is a need)

Please **do not** share my information with the following (please list)

.....
.....

I have read and agree with the Terms and Conditions attached to this form

Signed

Name

Date

Have you had help to complete this form?
 Yes No

If yes, please provide the details of the person:
 Name:

Organisation (if relevant):