



Wirral Connect

Referral Form

Name: DOB:

Tel No: Mobile No:

Address:

Email:

Do you work? Yes No

If yes, what hours do you work?
(i.e. Full Time, Part time, Shifts)

Are you, or **ANY** family member currently serving as a member of **ANY** of the Armed Forces? Yes No

OR, have you, or **ANY** family member previously served in **ANY** of the Armed Forces? Yes No

Referred by: Self Organisation

Name: Tel no:
of Org:

Email:

Service referring in to:

Volunteer Carer Mentor

Support from a Volunteer Mentor

Bereavement Support Group



LOTTERY FUNDED

Referral Criteria

Do you care for a relative or friend? Yes No

If Yes, who do you care for?

OR, have you cared for a relative or friend in the past? Yes No

Do you feel that some support would be of benefit? Yes No

Reason for referral:

What type of support do you feel would help you?

(i.e. Support Group, Information, Signposting)

Consent

I give consent to be referred in to Wirral Connect. Yes No

The above-named person has given verbal consent to be referred in to Wirral Connect. Yes No

Date:

Data Protection

Personal data that you provide will be held in accordance with the Data Protection Act 1998. We understand the information that you provide us is of a sensitive and private nature.

Please complete and return to:

Wirral Connect

Royal Standard House

330 – 334 New Chester Road

Birkenhead, Wirral,

CH42 1LE

Tel no: (0151) 647 5432

Email: karen@wirralconnect.org.uk



