

Participants can be referred to take part by GP’s, social prescribers, healthcare professionals, social workers, VCSE organisation staff, community group representatives, and carers. We also consider self-referrals and referrals from family members where a potential participant has limited contact with the avenues above.

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| **Participants must meet all of the following referral criteria:*** **Aged 65 years or over**
* **Resident of Stockton on Tees**
* **At risk of social isolation**
* **Able to mobilise independently** (if they are unable to mobilise without a personal carer / assistance, a carer is required to attend in-person sessions)
* **No personal care requirements** (if they do have personal care requirements, a carer is required to attend in-person sessions)
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**To be completed by the referrer:**

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| **Participant contact details** |
| **First name** |  | **Surname** |  |
| **Date of birth** |   | **Gender** |  |
| **Home phone number** |  |
| **Mobile phone number** |  |
| **Address** |   |
|  |  | **Postcode** |  |

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| **Participant’s emergency / additional contact details** |
| **Emergency / additional contact name** |  |
| **Emergency / additional contact number / email** |  |
| **Relationship to referred person** |  |

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| **Referral agent details** |
| **Referral by** |  |
| **Job title and organisation**  |   |
| **Email** |  |
| **Phone number** |  |

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| **Participant attendance preference** |
| **In-person** |  | **Remote** |  |

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| **Participant referral information** |
| **Does the referred participant experience Alzheimer’s or a Dementia?** |
| **Yes** |  | **No** |  |
| **If yes, how does it present?** |
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| **Does the participant have any other presenting medical or health issues?** |
| **Yes** |  | **No** |  |
| **If yes, please give details** |
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| **Does the participant have any access requirements? (In-person AND remote participants)** |
| **Yes** |  | **No** |  |
| **If yes, please give details** |
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| **Will the participant be attending with a personal carer? (In-person participants only)** |
| **Yes** |  | **No** |  |
| **If yes, who will be supporting them 1-1?** |
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| **Is the participant able to travel to and from the venue independently? (In-person participants only)** |
| **Yes** |  | **No** |  |
| **If no, please give details of transport arrangements** |
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**Please return this form to ARC’s Creative Learning Producer, Sonya Curle. You can do this by:**

**Emailing** sonya.curle@arconline.co.uk

**Posting to** ARC Stockton, Dovecot Street, Stockton on Tees, TS18 1LL

**Or by in-person drop-off** at ARC’s Box Office (at the address above).

**To be completed by ARC:**

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| **Record of contact** |
| **Follow up phone call with referrer** |
| **Date** |  | **ARC staff name** |  |
| **Participant name** |  | **Date of birth** |  |
| **Notes** |
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| **Agreed attendance model** |
| **In-person** |  | **Remote** |  |
| **Access requirements (please include carer details if necessary)** |
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| **Dietary requirements (in-person attendance only)** |
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| **Any known allergies (in-person AND remote attendance – alternative resources may be required)** |
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| **Travel arrangements** |
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| **Admin details** |
| **Date referral received** |  | **Proposed start date** |  |
| **Link to ‘Participant Record’ on system** |  |