

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) |

**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** |  |

|  |  |
| --- | --- |
| **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?** | | | |
|  | | | |
| **Does the participant have any other presenting medical or health issues?** | | | |
| **Yes** |  | **No** |  |
| **If yes, please give details** | | | |
|  | | | |
| **Does the participant have any access requirements? (In-person AND remote participants)** | | | |
| **Yes** |  | **No** |  |
| **If yes, please give details** | | | |
|  | | | |
| **Will the participant be attending with a personal carer? (In-person participants only)** | | | |
| **Yes** |  | **No** |  |
| **If yes, who will be supporting them 1-1?** | | | |
|  | | | |
| **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** | | | |
|  | | | |

**Please return this form to ARC’s Creative Learning Producer, Sonya Curle. You can do this by:**

**Emailing** [sonya.curle@arconline.co.uk](mailto: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** | | | |
|  | | | |
| **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** |  | | |