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| **Date**: / / |

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| **Client Referral / Enquiry details:** |
| **Do you have a disability?** (please give us more information about your disability, Please tick all that apply)  Learning Disability/Difficulty 🞎  Physical Disability 🞎  Sensory Impairment 🞎  Mental Health 🞎  Older Person (over 50) 🞎 |
| **Are you in receipt of a benefit ( please tick below)**   |  |  | | --- | --- | |  |  | | Income Support |  | | Personal Independence Payment (PIP) DLA |  | | Child Benefit |  | | Working Tax Credit |  | | Child Tax Credit |  | | Council Tax Benefit |  | | Housing Benefit |  | | Attendance Allowance |  | | Carer's Allowance |  | | Disability Living Allowance |  | | Other |  | |

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| **Referrer Details**( who is making the referral? please write the name of who is making the referral below .Please include your full name and contact details |

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| **Please write below the contact details for the person wishing to take a course at Share**. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | Mr | Mrs | Miss |
| First Name: |  | Phone number -Home |  |  |
| Date of Birth |  | Phone number: Mobile |  |  |
| Address: |  | Emails |  | Borough |
| Postcode: |  |  |  |  |

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| **Have you been to Share before?**( please select) Yes 🞎 No 🞎 |

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| --- | --- |
| Please tick |  |
| I want to make an enquiry about courses at Share (please write below) | **x** |
| I am making this referral for myself |  |
| I am making this referral for someone else |  |
| I am in receipt of a service ( please write below who this is from)  For example ,social services, community mental health team, housing association, job centre |  |
| Are you in receipt of a Direct Payment or Personal Budget?( if yes please write below)or if no please tick the box to your right |  |

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| **Do you have a social worker?**  Yes 🞎 No 🞎  Name Team Contact No.  **Do you have a Disability Employment Adviser at the Job Centre?**  Yes 🞎 No 🞎  Name Team Contact No. |

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| **Have you completed a Personal Needs Questionnaire** ( this is part of the assessment process for social services)  Yes 🞎 No 🞎 |
| **Please tick the subjects that you are enquiring about**  Food Hygiene Course 🞎  GRoW 12 week course (Getting Ready For Work) 🞎  Horticulture 🞎  Digital Skills/ICT 🞎  Life Skills (Skills for Independent Living) 🞎  Basic Skills (Improving numeracy and literacy) 🞎  Musicianship Class ( Music appreciation and improving music skills) 🞎  Short Course( Baking) 🞎  Short Course ( Healthy Eating) 🞎  Short Course (Mapping) 🞎  Short Course ( Dance for life) 🞎  Short Course (Digital Skills for Life) 🞎 |

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| Is there anything else you would like us to know? |

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| Please hand this form back to the reception staff: Share will aim to make contact with you within 48hours of your enquiry.  **Share Community Ltd64 Altenburg Gardens ,London SW11 1JL**  **Telephone: 020 7924 2949**  **Fax: 020 7350 1625 Email:** [info@sharecommunity.org.uk](mailto:info@sharecommunity.org.uk) |

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**Data Protection: I certify that the information given above is a true and accurate record.**

**Your details will be retained by SHARE Community in compliance with the Data Protection Act 1998. To confirm your consent please sign below.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_