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**Resonate Arts’ Referral Form – for people living with dementia**

We look forward to your client joining the Resonate Arts community. All participants will receive an initial telephone or home-based welcome call, and we will discuss with the participant their interests and hobbies, supporting them in deciding what other activities they may like to engage with. They will then be supported through one of our three project strands. Please find more information at <http://www.resonatearts.org>.

Forms will be processed within two weeks and in line with our Data Protection policy, [see our Privacy Notice for further info](https://www.resonatearts.org/uploads/1/0/6/4/106426729/privacy_notice_2021_final.pdf).

**Has the participant consented for you to pass on the information in this referral form?**

**Yes No**

**Participant details**

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| --- |
| **Participant information** |
| **Name** |  |
| **Address** |  |
| **Telephone number** |  |
| **Alternative telephone number** |  |
| **Monitoring information** (please provide if possible, this helps us report back to NHS and funders to ensure our service is reaching people who reflect the communities we work in) |
| **Ethnic background**  |  |
| **Date of Birth** |  | **Gender** |  |
| **Family member/Carer/Supporter** (someone who might accompany them to events and who we can call in case of any emergency) |
| **Name and Relationship** |  |
| **Telephone number** |  |

**Referrer details**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Name** |  |
| **Organisation** |  |
| **Telephone number** |  | **Email address** |  |

**Participant interests and hobbies**

|  |  |
| --- | --- |
| Please list any specific arts interests (music, theatre, art, dance, poetry, museums etc) |  |
| What other hobbies and interests does the participant have? |  |
| Why have you referred the participant and what do you and they hope will be the benefits of joining our community? Please also tell us if you consider them to be quite socially isolated or lonely. |  |

**Further information**

**Please tell us if the participant:**

|  |  |
| --- | --- |
| Uses English as their first language  |  |
| Speaks other languages |  |
| Receives professional care and in what capacity |  |
| Has a diagnosis of dementia or is undergoing assessment – please comment on how their dementia impacts their daily life, e.g if there are any particular things we should be aware of that can help us best support them in participating in group activities etc |  |
| Has any mobility or sensory impairments? Do they use any aids? |  |
| Has any other relevant medical information we should know to prepare us for working with them? |  |

**PLEASE ENCRYPT ALL FORMS WITH A PASSWORD before submitting and**

**send the password in a separate email.**

**Please submit forms to** **sam@resonatearts.org** **or contact 07483 320 511**