**Flintshire Community Support Initiative (CSI) Referral Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of person being referred:** | | | | | | | | | |
| First Name/s |  | | | Last Name | | |  | | |
| Name known as (if different) |  | | | | | | | | |
| Gender | M |  | | F |  | | Prefer not to say | |  |
| D.O.B |  | | | | | | | | |
| Current address |  | | | | | | | | |
| Postcode |  | | | | | | | | |
| Telephone number |  | | | Mobile number | | |  | | |
| Email |  | | | | | | | | |
| Is the person a carer for anyone? | Yes | |  | | | No | |  | |
| Any specific communication needs?  (e.g. large print, language / sign language / communication aids / audio format/Interpreter) | | | |  | | | | | |
| **Person Making the referral** | | | | | | | | | |
| Is this a self-referral? |  | | | Is this a referral on behalf of someone else? | | |  | | |
| If on behalf of someone else does the person know this referral is being made? |  | | | May we contact them directly? | | |  | | |
| First name/s |  | | | Last name | | |  | | |
| Job title (if any) |  | | | | | | | | |
| Organisation (if any) |  | | | | | | | | |
| Address |  | | | | | | | | |
| Postcode |  | | | | | | | | |
| Telephone number |  | | | Mobile number | | |  | | |
| Email |  | | | | | | | | |
| Relationship to the person being referred |  | | | | | | | | |
| Type of Organisation | Education | | | NHS | | | Voluntary sector | | |
| Social Care | | | Community | | | Religious | | |
| Other (Please state) | | |  | | | | | |
| Tell us more about what outcomes you would like from this service? What would you like to change or do more of? What matters to you? | | | | | | | | | |
|  | | | | | | | | | |

**Which if any of the statements below would you like achieve?** (Tick all that are relevant)

|  |  |  |
| --- | --- | --- |
|  | **Take notice**  Take time for yourself, notice things around you and savour the moment |  |
|  | **Connect**  Make time to connect with friends and family to help enrich your day |  |
|  | **Be active**  Being active makes you feel good. Get moving dance, sing; step outside - go for a walk, a run or cycle |  |
|  | **Keep learning**  Learning something new can be fun, make you feel good and build your confidence |  |
|  | **Give**  Acts of kindness, helping others or even volunteering can make you feel happier |  |

**Please return this form to** [**csi@leonardcheshire.org**](mailto:csi@leonardcheshire.org)

We respect your right to privacy, to have your data kept securely and we will never sell or swap your data. We may use and share your data for administrative purposes and/or profiling to help us provide the best possible service and inspiring content. For specific details on how we may use your data, please read our full Privacy Notice at [www.leonardcheshire.org](http://www.leonardcheshire.org) You can update or remove your personal details any time by contacting us by email at [supporter@leonardcheshire.org](mailto:supporter@leonardcheshire.org) or by calling us on 0300 3030 0074.