

PLEASE RETURN BY EMAIL, POST, OR IN-PERSON TO:

info@fulhamgoodneighbours.org

Fulham Good Neighbours, Rosaline Hall, 70 Rosaline Road, London, SW6 7QT

Registered Charity 1113752

Limited Company 05639340

Potential Beneficiary Details

Title		Gender	
First Name		Last Name	
Address		Date of Birth	
		Mobile Phone	
Post Code		Home Phone	
GP Practice Name		Email	
GP Practice Number			

Next of Kin / Emergency Contact

First Name		Home Phone		
Last Name		Mobile Phone		
Relationship		Email		

Type of Housing

- Owner / Occupier
 Housing Association
 Private Renter
 Council tenant
 Other (please specify)

Mobility Needs

- Wheelchair user
 Housebound
 Walking frame
 Crutches / Walking stick
 Other
 Bedbound

If other, please describe:

Referrer Details

First Name		Phone	
Last Name		Email	

Organisation & Job Title		Preferred Contact Method	
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***MANDATORY* Reason for referral & Condition of House/Flat**

Please give as much detail as possible

Ethnicity—Please tick

- | | | |
|---|--|---|
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> White Welsh |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Arab or Arab British | <input type="checkbox"/> White Gypsy, Roma, or Irish Traveler |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Any other Ethnic Group | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Asian or Asian British Chinese | | |

Health or mobility issues—Please tick

- | | |
|--|---|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Long-term health condition |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Other (please specify below) |

If you have ticked any of the above, please add further details

Do any of the following apply—Please tick

- | | |
|---|--|
| <input type="checkbox"/> Asylum Seeker | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Ex-Offender | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Low-Income Household | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Single Household | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Victim of domestic violence |

Which of the following is most accurate—Please tick

- | | |
|---|---|
| <input type="checkbox"/> Content | <input type="checkbox"/> Occasionally lonely |
| <input type="checkbox"/> Regularly lonely | <input type="checkbox"/> Often lonely |
| <input type="checkbox"/> Socialise rarely | <input type="checkbox"/> Socialise occasionally |
| <input type="checkbox"/> Socialise often | <input type="checkbox"/> Socialise regularly |

Which services would they best benefit from– Please tick

Gardening / Decorating / Minor Home Repairs

- Gardening
- Decorating
- Minor Home Repairs

Good Neighbour Scheme

- Errands – newspaper / medication delivery, etc.
- Food shopping
- Wheelchair assistance to access the community
- Community Escort
- Befriending

Community

- Silver clubs – Tuesday lunchtime (multiple community venues)
- Lunch club – Wednesdays 1pm to 4pm
- Sunday Afternoon Tea—3pm to 5pm
- Chair Based Exercise
- Art club Crafts club
- Reading club
- Choir club

Support Online

- Digital Support
- Online Chair Based Exercise

Signed by:	Date:
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