

# Sandwell Community Offer

## REFERRAL FORM (Fields marked with a \* are mandatory)



### Personal Details

Title\*

First Name\*

Surname\*

Home Address (including postcode)\*

Date of Birth\*

Gender/  
prefer not to say

Do you have a carer? / prefer not to say

Referrer Details\*

or

Self-Referral

Role\*

Organisation\*

Contact Number(s)\*

Email Address\*

Address\*

Please update me on this referral (tick box)

**Reason for Referral/current circumstances/barriers\***

Do you need any support to access our services? \* If so, please tell us here

Are there any known risks/lone working requirements?\* If so, please tell us here

Additional information/next steps agreed:

***To be signed by Individual/ on behalf of:***

Please keep me updated with further news and events (please tick box)

I confirm that the above details are correct, and I wish to be registered for Sandwell's Community Offer.

I understand and agree to my details being held on Ideal for All's database as part of this programme. (please tick box)

Completed forms to be sent to [ifa1996.community\\_offer@nhs.net](mailto:ifa1996.community_offer@nhs.net) or via **Community Offer**, Ideal for All, The Independent Living Centre, 100 Oldbury Road, Smethwick, B66 1JE. Tel 0121 726 3983

**Data protection:** By registering for programmes operated by Ideal for All you agree to your details being added to our database so that we can contact you and navigate you towards support as part of Sandwell's Community Offer. You also agree to this information being shared with our partners and funders for the purposes of delivering the project and monitoring its performance in accordance with current data protection rules. For further information please visit <https://www.idealforall.co.uk/Privacy>